DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFI	ICATE OF DEATH	REC	NO.			
DECEASED NAME FIRST		MIDDLE	1.4	AST	20. DATE OF DEAT		H DAY	YEAR	2b HOUR
(TYPE OR PRINT)  ALBERT	Н	OWARD	BAK	ER	NOVEMBER	12,	1985	5	4:08 A.
SEX	4 RACE		S. DATE O		6 AGE (IN YEARS LAS			UNDER 1 YEAR	
Male	Whit	e	Feb.	17. 1906	79		YRS	NIHS DATS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	В	NEVER MARRIED	9 BALTIMORE CIT			FDEATH	
W. Va.	USA		WIDOWE		Allega	any			M
CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING		R OTHER INSTITUTION	120 USUAL OCCUP		WIND LIEE	126. KIND	OF BUSINESS O
CUMBERLAND	MEMORI	AL HOSPITA		1 1003 1	Foreman	Sta	te	Road	Dept.
SUAL RESIDENCE (IF NURSING HOME 30 STATE 136 CO		GIVE RESIDENCE BEFORE A		113d INSIDE CITY LIMITS?	13e STREET ADDRE	SS / 7IP	CODE		
	legany	Cumberl		YES NOXX	Rt. #	4, B	ox :	287	21502
FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA.	ME	ıF			AST
Howard	J.	Baker		Margare	et H.			Unkn	own
WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SECUR	NO.	17 INFORMANT	AD	DRERT	. #	2.	Box 110
No		220-10-72	207	Bobby Joe W	Vestfall	Key	ser	W.	Va.
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, C	Cendra e  OR AS A CONSEQUEN  OR AS A CONSEQUEN	Sub-	7	e Tufa	not			
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Foreman State Road Dept.					
RE. # 1, Box 287 21502		Cumberland	allegany		a.:
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Nostfall Kevser, Va.	Dobby Joe				0 .

Durial Nov.14,1985 Sunset Memorial Cumberland Allegany MD Nilliam G. Kight Cumberland, MD

329111	y	FOR STATE REGISTRAR	C	EPARTMENT OF	HEALTH AND MENTAL HY FICATE OF DEATH	GIENE REG. NO.	2 9 8 6 0
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offer by the f		CUMBERLAND	Memorial H	lospital	OR OTHER INSTITUTION	120 USUAL OCCUPATION  [TYPE OF WORK FOR MOST OF WORKING II  Pittsburgh Plat	126. KIND OF BUSINESS OR INDUSTRY  CE & Glass
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MEN MEA	14 F	ATHER'S NAME	WIDDLE	ŁAST	15. MOTHER'S MAIDEN N	AME	LAST
w po du po		Robert	C. B	aker	Evelyn	G.	Baker
xecu xecu		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRESS A	THE TANK WE ARE
e e e e				6-44-686	Nellie M. B.	aker-Address same	as #13 above.
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AL OR the hold of the post of		22b. SIGNATURE	m	w	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	121. DATE SIGNED
od by		22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS Memo:	rial Hospital Med	ical Bldg.
TO HOSPITAL retained by the TO FUNERAL is should be determined by the Store I IMPORTANT. II		Dr. Terry Will	.iams		Cumb	erland, MD 21502	
56 5 2 3 3	23o E	BURIAL, CREMATION, REMOVAL		23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COMMEN
8P	В	urial	11-19-85	Ft. Asl	nny Cemetery		eral Co.=West Va
DHMH - 16 50M-1/B1	24 F	INERAL DIRECTOR George	-Upchurch Fu	neral Ho	ne, P.A. 250 DA	TE REC'D. BY REGISTRAR 256 REGIST	
7799017	20	2 Greene Street	-Cumberland.	Md. 21		NOV 0 1 100F	- markenson

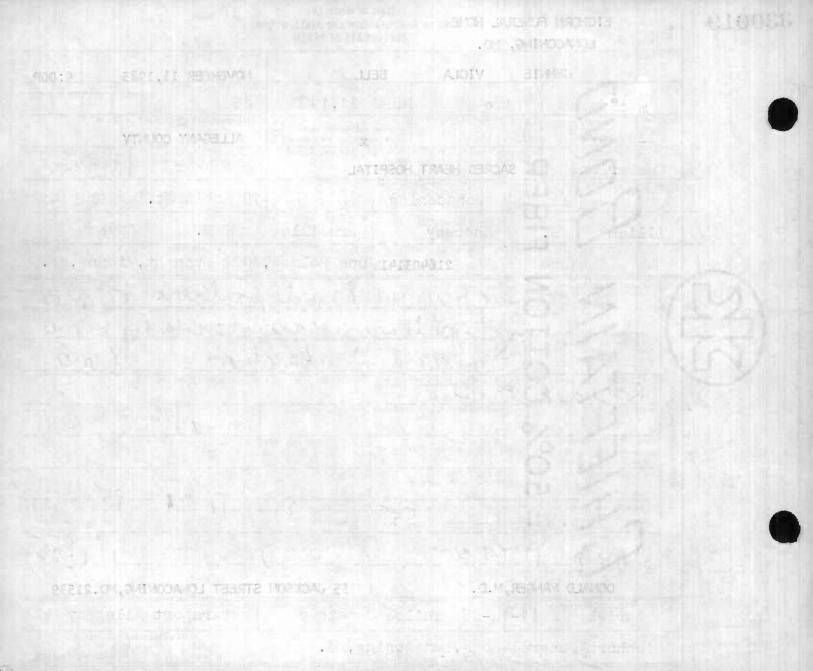
FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 10:43 (TYPE OR PRINT) ELIZABETH BARR 19. 1985 G. November 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR MONTH 1926 Female Cau Aug TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED **Allegany** U.S.A. WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland Memorial Hospital Homemaker COUNTY 131 CITY OR TOWN UAL RESIDENCE HENU 13e STREET ADDRESS / ZIP CODE 13d INSIDECITY LIMITS? Mineral Box 278 Kevser Rt 2 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Clifton Bill Vera Michaels 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 236-36-1684 Patricia Bauer 25 Allegany St Keyser, WV NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line to act, (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 IFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES. WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO CERT 21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL CIF FITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE FARM FTC ) WHILE NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from \_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 275 MGNATI DEGREE 22c. DATE/SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ Memorial Hospital Medical Building Cumberland, MD 21502 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. Q. Zaman 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) COUNTY STATE Queens Point Cemetery Burial Keyser 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Craig Rotruck 85 S Main St Keyser, WV26

DHMH - 16 60M 7/84 (VRA 15, 4)



TONLE STAFFORD BITTHERS - THE STAFFER 15, 1986 | SUSS R DECLY ST (76.00 Contract I street of the second of the secon Mesting the war torriganying a F.O. Box BS // 2055 W Ministration of the Man State of tests 12 111-09-8819 Nove. Frail n. C. Hittmar - sent ac MEMORIAL MENICAL RIDG. CHANG ZAVAN, M.D. Bushing of the training the state of the sta John W. Hair Com Lavelle, Miss 21502 Mills 2 Miles

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	2		CEASED NAME	FIRST	MIDDLE		LAST	2a D	ATE OF DEATH		YEAR 26 HOUR
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9 BP 9 7	-	Bu	rial_	No	v.30,1985	Philos	Cemetery		Vesternpo		
DHMH - 16 60M			UNERAL DIRECTOR	0	ADD	DRESS.	25	Sa. DATE RECT	AY PORSAR	216 REGISHERME	SIGNATURE
(VRA 15, 4)	)	1	redlock Fun	ieral Ho	me, Predmo	int, w.V.	26750		. 1000		

BIODSS NAT LABOR RESIDENCE OF SECOND

Wester Van Grant Committee Committee

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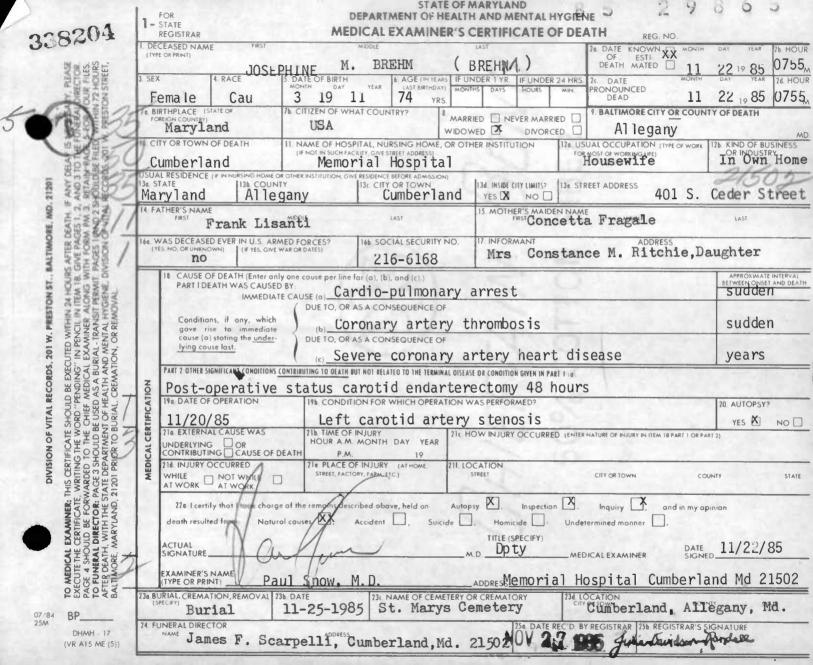
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WIDOWED IX

11, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

FRANCIS

LISA

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

Allegany

136 COUNTY

Martin Breighner

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

NOVEMBER 5,1985

126 KIND OF BUSINESS OR

INDUSTRY

Cumberland

WELTON

DECEASED NAME

LIVEE OR PRINTS

3 SEX

13a STATE

14 FATHER'S NAME

LYES NO OR UNKNOWN)

no

4 RACE 5 DATE OF BIRTH white 76. CITIZEN OF WHAT COUNTRY?

SACRED HEART HOSPITAL

13c. CITY OR TOWN

Cumberland

166 SOCIAL SECURITY NO

705099805

08-22-1902 MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY 12ª USUAL OCCUPATION

6. AGE (IN YEARS LAST BIRTHDAY)

(TYPE OF WORK FOR MOST OF WORKING LIFE) retired

railroad 13e.STREET ADDRESS / ZIP CODE

134 INSIDE CITY LIMITS? 204 Maple Street/21502 YES K NO [ 15 MOTHER'S MAIDEN NAME

> nmn Mary

17 INFORMANT Mr. Richard Breighner, Cumberland, MD 21

18 CAUSE OF DEATH (Enter only one couse per lipe for o), (b), opdice PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lia

maestro Failer

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

NOT WHILE

sow the deceased alive an\_

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM ETC.)

211. LOCATION

DEGREE

abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

22c DATE SIGNED

EUGENE V. MAZZOCCO, M.D.

22a.1 certify that (1) (this hospital) attended the deceased from

BMG 912 SETON DRIVE CUMBERLAND, MD. 21502

CITY OR TOWN

230 BURIAL, CREMATION, REMOVAL 236 DATE Burial

23c NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park Cumberland Allegany

24 FUNERAL DIRECTOR

250 DATE REC'D BY REGISTRAM 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

James F. Scarpelli, Cumberland, MD 21502

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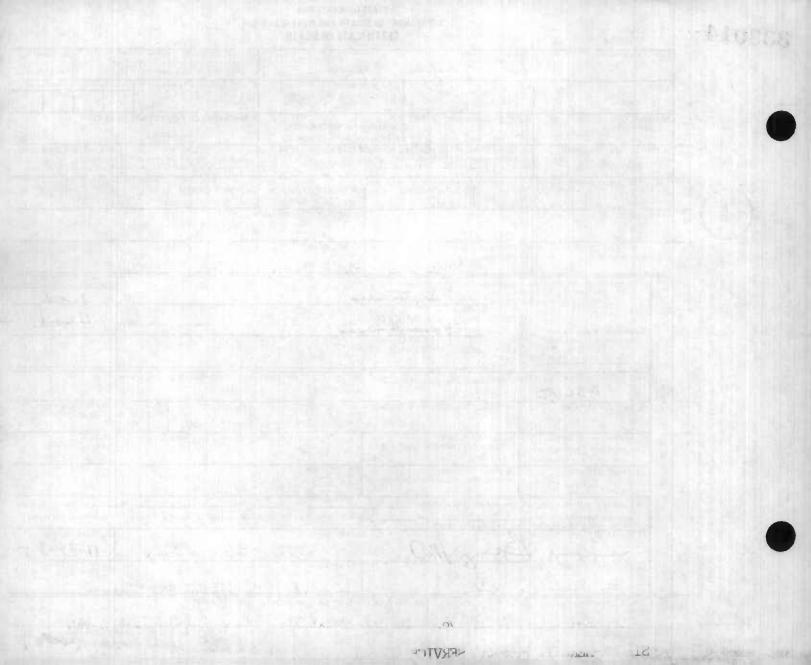
T DEC	TATE EGISTRAR EASED NAME	FIRST		MIDDLE	NER'S	CERTIFICATE (		REG. NO.		
	OR PRINT)		1 - 4 - 1				OF	ESTI-	MONTH DAY	YEAR 26 HOUR
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7e BIR	THPLACE (ST	TATE OR	76. CITIZEN OF WHA		· Ro.	IED TO NEVER MARI	RIED 9 BALTIA	MORE CITY OR		
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13a SI Ma	ATE aryland	I I ALL	or other institution give	RESIDENCE BEFORE ADMIS  LIVE CITY OR TOWN  Cumberlan	d	13d INSIDE CITY LIMITS?	13e STREET ADDR	ve.		2500
The	THER'S NAME	W	MIDDLE Hami	11 LAST		15 MOTHER'S MAID Nelle	DEN NAME	MIDDLE FO	wler	AST
	AS DECEASED	DEVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDŖESS		
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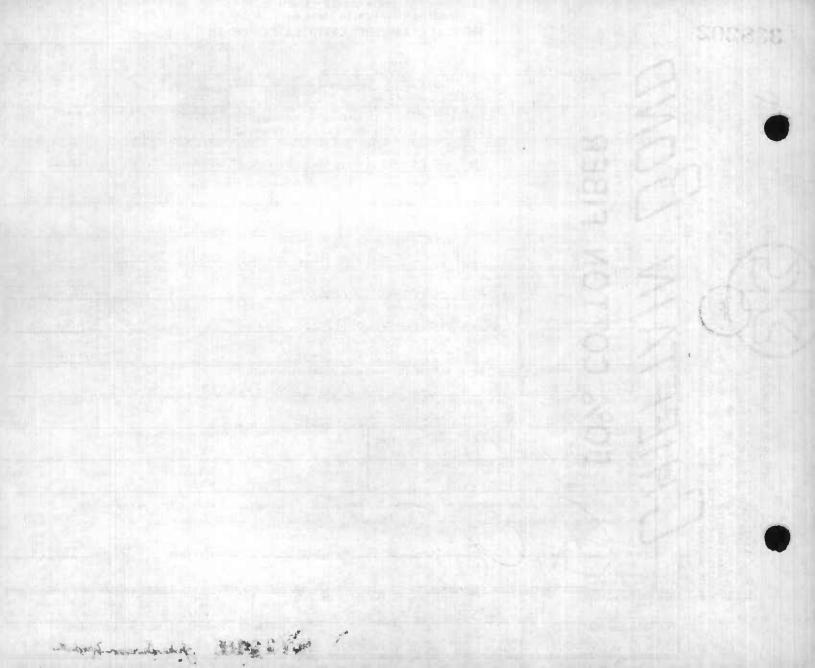
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AND 31201			RESIDENCE (# in nursing home of ATE 134 COUN ATE		Cumber	re admission)	YES INSIDE CITY		TREET ADDRESS		2652
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F VITAL RE TE SHOULD WORD "PEI TE CHIEF N TE	1	TIFIC	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHI	CH OPERATION	WAS PERFORM	ED?			BODY ONLY
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DIVISION OF  TO MEDICAL EXAMINER: THIS CERTIFICATE EXECUTE THE CERTIFICATE, WRITING THE WAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR, PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIOR TO			22e I certily that I took charg death resulted from: Natur	Man.	Med obove, h	BODY ONI eld on Auto	Homicid	Inspection .	Inquiry	ond in my op	inion
ITHE CERT SHOULD E SHOULD E ERAL DIRE SATH, WITH	6		ACTUAL SIGNATURE	401	Us la		TITLE (SPE M.D. <u>Assi</u>		EDICAL EXAMINER	DATE	D11/20/85
TO MED SECUTE PAGE 4 IO FUNI	1		EXAMINER'S NAME TYPE OR PRINT) Gre RIAL, CREMATION, REMOVAL	egory R. K		-	_ADDRESS	111	Pen St.		
07/84 BP/42/		(SP	Burial NERAL DIRECTOR	11/22/85		Lawn Ga		CI	location tyortown amberland	Allegan	y Md. STATE
DHMH - 17 (VR A15 ME (5))			NAME OF	vice Wes	ernpor	t, Md. 2	1562	W SI	SES PRAR 1756	REGISTRAR'S ST	Marken

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333014	1	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.			
poge 3		ECEASED NAME FIRST ALEXAN	DER RHODES	BUCHANAN	NOVEMBER 18 1985	26. HOUR 2:00P M		
ge 4 mo) ector, po	3. SI	MALE	4 RACE WHITE	S. DATE OF BIRTH NOVEMBER DAZ 1889	6. AGE (IN YEARS LAST BIRTHDAY) 96 YRS.	DER TYEAR IF UNDER 24 HRS. HS DATS HOURS MIN.		
in 72 hours of the	70. E	SIRTHPLACE (STATE OF FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY			
by the full filed with	10 0	LAVALE	216 NATIONAL NURSIN			26. KIND OF BUSINESS OR		
	1.	JAL RESIDENCE IN NURSING HOME OF STATE 13b. COULD MARYLAND ALLE		ADMISSION) N 13d. INSIDE CITY LIMITS? YES NO X	130. STREET ADDRESS 216 NATTONAL HIGHW	AY 2150%		
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he low roon.  hos bee it permit.  tene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WE IN CERTIFYING YES YES	RE FINDINGS USED G CAUSES OF DEATH?		
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offending of the state of the s	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE		
ATTENDIP Spital or SCTOR: Al of for use of t of Healt m 21 is ma		sow the deceased alive an above, (lylive) (did) (did no	ital) attended the deceased from	, and that in (my) (aur) opinion	, to, 19 death accurred on the date and hour and	, that (I) (we) last I from the causes stated		
the he house to DIRE	2	22b. SIGNAT IV	Buy MO	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED		
TO HOSPITAL retained by 1 TO FUNERAl should be de with the Stoti	220	DR. GEORGE	M. BREZA		IVE CUMBERLAND MARY	LAND		
ВР		ENTOMBMENT  FUNERAL DIRECTOR		SEHILL MAUSOLEUM	CIMPERIAND ALLECA	UNTY STATE		
DHMH - 16 50M 4/82 (VRA 15, 4)	24 1		FUNERAL SERVICE	CUMBERLAND MD	E REC'D. BY REGISTRAR 236. REGISTRAR	our Manage		



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ORE, MD.	FIER DEATH. II F PAGES 1, 2, FORM PM 3. SES 1 AND 2 S ION OF WIAL		TER'S NAME		. Davis		LAST		FI			ce Ro	binet			tAST	
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ORDS					CONTRIBUTING TO DEATH BY							/05.	hunand				
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	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 F		22a. I certify death resultes	/ /	ge of the remoins desc	ibed obo		Autop:	y , Hamic	Inspection	XX	Inquiry		nd in my (	apinion		
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07/84	DAY OF A	23a BUR (SPEC	Burial	ON, REMOVAL	23b. DATE 11-26-198	-	vame of cem t. Herm				City	CATION PRIOWN Umber	land	Alle	UNIY		TATE
25M	DHMH - 17	24 FUN	ERAL DIRECT	OR						250. DATE R	EC'D BY	REGISTRA	R 256 REG	ISTRAR'S	STGNAT	URE	,
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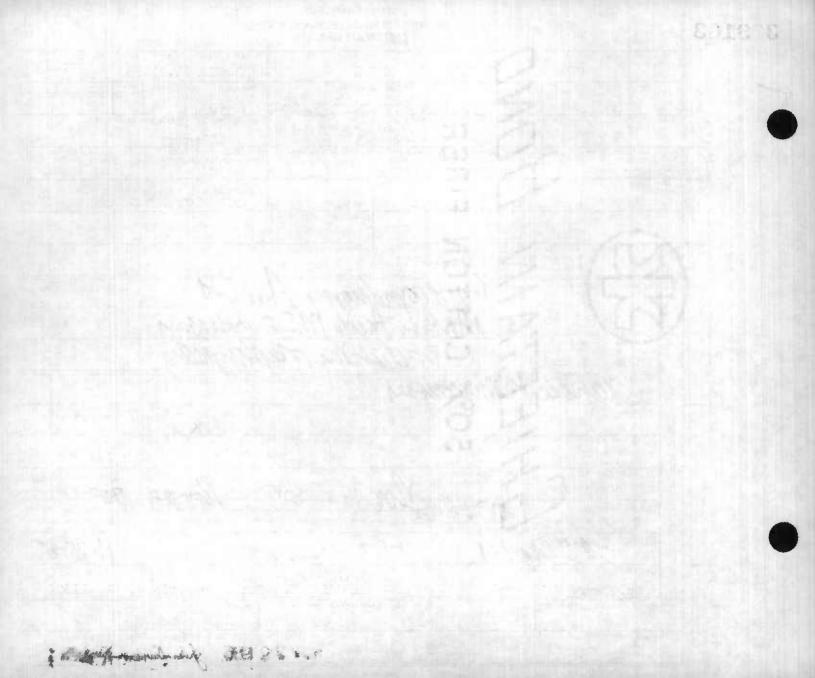
## FOR STATE REGISTRAR

### STATE OF MARYLAND

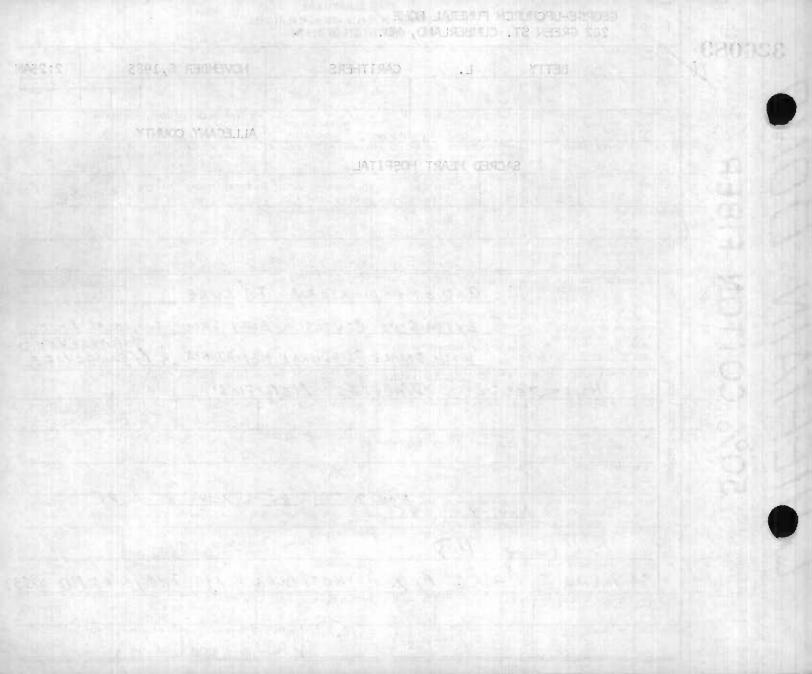
DEPARTMENT OF HEALTH AND MENTAL HYGIENE										
CERTIFICATE OF DEATH										

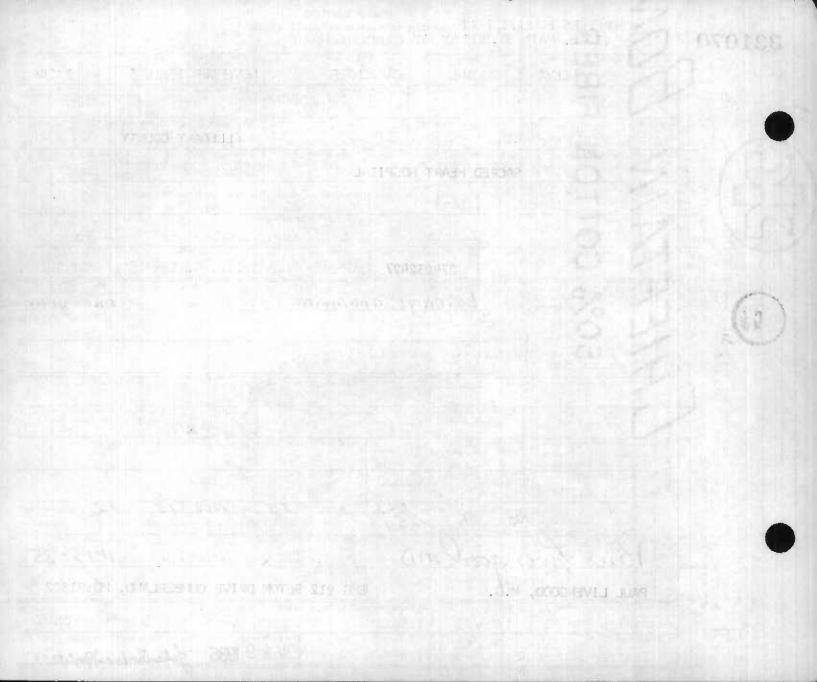
TH	REG NO.

	I DEC	EASED NAME	FIRST		WIDDIE		LAST		2a. DATE OF	DEATH MO	NTH DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	EORGI	Ε	DALE	CA	REY		NOVEME	ER 24,	1985	5	6;25
	1. SE			4. RACE			OF BIRTH		6. AGE (IN YE	ARS LAST BIRTHDA	Y) IF	UNDER 1 YEAR	IF UNDER 24 HRS
		male	ulc.	wh	ite	CED		3, 1945	/1	0	YRS.	NIHS DAYS	HOURS MIN
121		RTHPLACE ISLATE ORF	OREIGN	76 CITIZEN OF		ITRY? 8				E CITY OR C		FDEATH	
25		MD	000	100	USA	WIDOW		DIVORCED [	Allegany MC				
27	10 CI	TY OR TOWN OF DEA	TH			URSING HOME			12a USUAL C	CCUPATION			OF BUSINESS OR
60	CT	MBERLAND	77		MODT AT	HOSPITA	T		Cle	FOR MOST OF WO	ORKING LIFE)	Fire	Dept.
5	USU	AL RESIDENCE (IF NURSI		OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION				-			
25	130 5	MD MD	All	.egany	13c CITY OF	berland	YES X		13e STREET A 504	Victo	ria S	treet	/21502
111	14. FJ	THER'S NAME		WIDDLE	LAS	51	15 MOTH	ER'S MAIDEN NAM		WIDDLE		LAS	ST.
111			Shele	ey Care	У			Hele	n V. R				
1		VAS DECEASED EVER		MED FORCES?		SECURITY NO.	17. INFOR			ADDRESS			
	,	no	(11 763, 014)	t WAR OR DATES	215-4	44-9715	Mr. [	David R.	Carey,	Frede	rick,	MD -	brother
		18 CAUSE OF DEATH	Enter on	ly one couse pe	fine for grant	hand in	./	- //	4.00	V		BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I, DEATH W.	AS CAUSEI	D BY: E CAUSE (al	MA	wom	www	W/	MU	V			
2	. 4	1 3 1 1 1 1 T	MINICOIN	E CHOOL IO	7	. /	1. 53	his	- 17				
-	No	Conditions, if any,	ushiah	DUE TO: C	INDU	min 1	ruoni	1111	costs	MUS	1	1 - 7	
910		gave rise to imm	ediote	161-	0.0	Will I	/ 1		4	1			
		underlying cause		DUE TO, C	DR AS A CON	EQUENCE OF	ilell	is NIL	MAKE				
		6 -	178	17		- CV							
	2	JIMA	111	An	deve	LALLA	I NOT RELA	TED TO THE TERM	INAL DISEASE	OR CONDI	ON GIVEN	IN PART I	0
1	ATIO	9a DATE OF OPERAT	ION	196 CONI	OITION FOR W	/HICH OPERATIO	N WAS PE	PEOPMED	20a AUTO	PSY? 20	h IF YES V	WERE FINDI	NGSTISED
2	TIFIC	DATE OF GLERAI	1014	170 COINE	JII ON TON V	THE TOTERNIE	3/11/45/12/	NOWNED.	YES 🗌			NG CAUSES	OF DEATH?
0	CER	21a. ACCIDENT WAS UND	_		OF INJURY	1 DAY MEAD	21c. HOV	V INJURY OCCURR	ED (ENTERNAT	URE OF INJURY IN	ITEM 18 PAR	I OR PART 2)	
1	×	OR CONTRIBUTING C		in	A.M. MONTE	H DAY YEAR							
	MEDIC	214 INJURY OCCURR		21e PLACE	OF INJURY	1	211. LOC				441	COUNTY	
	M	NOT WH	ILE	(AT HOME S	TREET, FACTORY, C	OFFICE, FARMEL )	16	REET GT		Mara 1	1/1	COUNTY	STATE
		22a I certify that (1)		tal) a te didit	ne decras d	ro	- /7	190		MA	, 19	1	that '(II (we) lost
	-	saw the decenne	d alive an	1000	0(0)	03	and that in (	my) (aur) apinion o	death occurred	an the date	and haur a	nd fram the	causes stated
		abave, M (w) 1 22b. SIGHTUB	laid no	7 - *	y affer death.		DEGREE					22c DATE	SIGNED
		411		MAHL	1	M	7	ATTENDING PHYSICIAN	MEDICAL	STAFF		lin	25-85
+		224 PHYSICIAN'S NA	ME ITYPE O	R PRINT)	/		22e ADD		DIRECTORE	PHISICIAN			
1		р., Д.,,,	TT#	112			Medi	cal Build	ling,	Cumbon	land	MD	21502
'	220 5	Dr. Terr				122 NIAME OF		CREMATORY	123d LOCA		rand,	MD	21302
		SPECIFY)			1005				CITY	DRIOWN		OUNTY	STATE
	24 51	Buria.	-	11-27	-1782	JUNISC	ITLOWN	Bretherr	REC'D. BY RE	hnsont		D'C CICNIAT	
/84	74 P	NAME			ADD	PRESS	01.00	"Va some A.	A COLOR BY RE	GISTRANTS).	REGISTRA	K 2 21GNAI	OKE
)		James F. S	carpe	elli, C	umberla	and, MD	21502	THUY A	A MAN	yuna	THE PARTY	-	THE R. L.



STATE OF MARYLAND





BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W.

DHMH - 16 60M 7/84 (VRA 15, 4)

#### FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR			CEKTIFICATE OF DEATH REG. NO.						
	1. DECEASED NAME FIRST MIDDLE					ASI	20. DATE OF DEATH MONTH DAY YEAR 26 HO			2b HOUR	
0		FILOME		UCY	COSE		NOVEMBER :		THE C	5:30A,	
	1. SE	X	4 RACE		DATE (	DF BIRTH YEAR	6. AGE (IN YEARS LAST BE		INDER I YEAR	HOURS MIN.	
,	F	emale	White	F	'ebri	ary 16,1921	64	YRS			
	Ja. Bi	INTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8	10.1	,	9 BALTIMORE CITY		DEATH		
1	N	lew York	U.S.A		MARRIE	D NEVER MARRIED DIVORCED	A116	egany		MD.	
7	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND C	F BUSINESS OR	
	Ç	umberland	Memori	al Hospita	1	Marking to	Homemal		Hon	ne	
10		AL RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE AD	MISSION)	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIR CODE			
2	11/4/1 2	1.00	egany	Cumberlan	id	YES NO	13111 Box	wling St	./215	502	
11		ATHER'S NAME		1.65		15. MOTHER'S MAIDEN NAM	AE				
	6	Pasquale	MIDDLE	Caccavano		Mary	WIDDLE		Rote	110	
	16a V	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	16b SOCIAL SECURI		17. INFORMANT	ADDR	ESS	NOLE	114	
/	Y	(IF YES, GIVE WAR OR DATES)		051-07-4980		DI-1111 - C A 11			1112	-1	
		No	THE THE COURCE			179-Address same as #13			above.		
		18 CAUSE OF DEATH (Enter only one couse per limit 18 A 18								IMATE INTERVAL ONSET AND DEATH	
		IMMEDIA	TE CAUSE (a)	unam	(1 Car	רועועין ו אינטייי					
	1		DUE TO, O	CAMPANIA	innie.	12 mall	J. Man.	11			
		Canditians, if any, which	( 16)	( W occur			resance				
		gere no to minerate									
П		underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF									
			(c)					-			
П	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE							IN PART 1	0	
-	CERTIFICATION	190 DATE OF OPERATION	10h COND	ITION FOR WHICH O	DEDATIO	N WAS DEPENDANED	20e AUTOPSY?	20b. IF YES, W	/FRE FINIDII	NGE LISED	
1	FIC	THE DATE OF OFERATION	178 CO14D	mora rok winen of	IN CER					OF DEATH?	
_	ERT	ZIG. ACCIDENT WAS UNDERLYING	21b. TIME O	E INTUIDY		T21c. HOW INJURY OCCURR	YES NO	YES		NO [	
A	1.75	OR CONTRIBUTING CAUSE OF DE	110110 1	M. MONTH DAY	YEAR	ZIE HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	I OR PART 2)		
7	2	LIF EITHER NOTIFY MEDICAL EXAMINE	1	M.	19	The second second					
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		LOCATION STREET.	( don't	2	COUNTY	STATE	
	2	WHILE NOT WHILE AT WORK	n	REP, FACTORY, OFFICE PAR	(C)	124 Gr	Was	12	no		
34		27x 1 certify (1) (this hosp	and Man Ah	e of eosed from	ru	19/0	_, to	. 3/ 19		that (I) (we) lost	
		saw the deceased olive or	1100.	9,00		nd that in (my) (our) opinion d	leath occurred on the c	ate and have as	nd from the		
	did) ( hid not) view the body ofter death.  DEGREE								Too. AATE	SIGNEDA	
		MINIU	MU los	Nu > 0	MA	ATTENDING	MEDICAL STA	FF	11	4	
1		201 BLIVE ICIANIE NIAME	10	01014	TITISICIAIN LA	DIRECTOR   PHYSI	CIAN []	1//-	100		
		220 PHYSICIAN'S NAME (TYPE OR PRINT)				22. 935 Frederi	lck St.				
		DR. ANTHONY BO	LLINO			Cumberland,	Maryland	2150	2		
	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NA	ME OF C	EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE	
	F	Burial	11-5-	85 Rock	cy Ga	ap Vet. Cem.	Cumberla			fary and	
		P. Scholler, and Scholler		ch FUneral			REC'D. BY REGISTRA	25b. REGISTRAI	R'S SIGNAT	URE	
		NAME GEOLG					7 7 1000	The second	a Gray		
		202 Greene Str	eet-cumb	eriano. Mo	1.	ZIJUZ NIJU	1 X TOURS	THE WAY I	Teach - Did	THE PARTY	

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22043			STATE REGISTRAR 202	GREINIA .	or.com	الله الله	CERTIF	ICATE OF DEATH	REG. N	0.	
	~		CEASED NAME	FIRST		WIDDLE	l	AST	2a DATE OF DEATH	MONTH DAY YEA	AR 2b HOUR
1 41	1		R	AYMOND	E	MMETT	COSN	IER	NOVEMBER	5,1985	12:25
1 21/	1	3. SE		4 F	ACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 Y	YEAR IF UNDER 24 HR
5 55 /	11	M	ale	The o	Whit	е	771407777	25,1910	75	YRS	1.00%
and the	3		RTHPLACE (STATE OR F COUNTRY) EST Virgin		U.S.	WHAT COUNTRY	7? 8 MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DEATH	H
1 11 1	2	10,C	TY OR TOWN OF DEA Imberland			HOSPITAL, NURS		SPITAL	12d. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF TH	F WORKING LIFE) INDUS	nd of Business C TRY ndry
1	36	USU.	AL RESIDENCE (IF NURS	136 COUNTY		13c CITY OR TO	WN	134. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	
	1/	-	aryland THER'S NAME FIRST	Allega		Cresapto	own	YES X NO 1	12726 Darre	ows Lane /	21502
<b>建</b> 型制度	10		Emmett	, <u>-</u>		Cosne		Leola	Albert	a C	assidy
9.6			VAS DECEASED EVER	IN U.S. ARMEE		166 SOCIAL SEC		17 INFORMANT	ADDRE	ESS RD3, Box	111
2 12 1		L.	No	_		23316	9180	Richard Cosn	er	Bedford.	PA.
res that the deoth certification of the attending physical ceremon customp pyriol, ceremonal or remo-			Conditions, if ony, gave rise to imm couse (o), statin underlying couse	which mediate of the lost	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUENCE ON TRIBUTING TO	UENCE OF	Julming  NOT RELATED TO THE TERN	uy embola	DITION GIVEN IN PAR	RT No
to be reprinted to the permit The print to the permit The permit The permit The permit The permit to	2	TIFICATION	190. DATE OF OPERAT	L Va		MITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CAL	NDINGS USED USES OF DEATH? NO
Class Ti physics orthograp and Hygis	9	AL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH		OF INJURY M. MONTH I	DAY YEAR	21c. HOW INJURY OCCUP	- 22	RY IN ITEM IB PART LOR PAR	T 2)
Sherding sheriffer of the built trand Me	/	MEDIC	21d INJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET	CITY OR TO	OWN COUNT	Y STATE
TENDS Applied or 1708, Ab for use of Health 21 is mo			220.1 certify that (I) saw the decease above. (I) (we) (c				- Andrews	id that in (my) (our) apinion	, to, to	ote and hour and from	that (I) (we) lo
SMTAL OR A by the her NERAL DIRECTOR Shorte Dept.	1		22d. PHYSICIAN'S NA	42	Oge	MIM	)	ATTENDING PHYSICIAN 2	MEDICAL STA	FF IAN   //	ATÉ SIGNED
Huines House House MPOR	1		GARY L.						WALSH ROAD	CUMBERLAND	, MD.2150
BP		E	urial, cremation, urial		11-7-8	35 S	SUnset	emetery or crematory Memorial Par	Cumberrar	nd-Allegany	
DHMH - 16 60M 7/ (VRA 15, 4)	84	24 FI	Deral Director (	George-	Upchur Cumber	ch Funer	cal Hori	ne, P.A. 250 PA	TE REC'D BY REGISTRAR	25b. REGISTRAR'S SIG	NATURE

SAUSCE.

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ALLES AND AND THE

TATE 1201 TRAFFIL CHIDAR

1 IDAIC

925 EISHOP WALSH ROWG GLIEFFLUNG, ME. 21502

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

should be detached for use as the burial-ironsit permit. Their pleas with the State Dept. of Health and Mental Hygiene prior to burial, IMPORTANI: If them 21 is marked at them 18 shows any injury, as a

TO FUNERAL DIRECTOR: After this certificate has been

DHMH - 16 60M 7/B4

(VRA 15, 4)

#### FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	25.0	NO.

		REGISTRAR		REG. NO.								
		CEASED NAME FIRST MARY	EDITH		ABTREE		November 2	MONTH DA		4:40 DM		
	3 SE)	X	4 RACE	5 DATE	OF BIRTH		6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS		
		Female	Cau. White	nont	<sup>H</sup> <sup>D</sup> AY	1902	83	YRS	ONTHS DATS	HOURS MIN.		
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8	D NEVER	MARRIED T	9. BALTIMORE CITY C	R COUNTY	OF DEATH			
2		Md.	USA	WIDOW	ED D	VORCED [	Allegany			MD		
0		umberland	(IF NOT IN SUCH FACILITY, GIVE STR MEI		or other ins	ROTHER INSTITUTION (129 USUAL OCCUPATION (129 FOR WORK FOR MOST OF WORKING LE LAUNCY WORKING LE				126 KIND OF BUSINESS OR INDUSTRY Laundry		
6	13a S	Md. Alle	r other institution give residence ber NTY 13c CITY OR TO egany LaVale		13d. INSIDE C	NO 🔀	9 National	ZIP CODE Highwa	1y 21	1502		
0	14 FA	THER'S NAME Charles	W. Hart	man	Ma	s MAIDEN NAM tilda	MIDDLE.		Twi	gg		
-		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SE 215-26		17 INFORMA Harold	F. Cra	btree Lava	fonal e, Md.	Highwa 2150	<b>3</b> ≱		
		IB CAUSE OF DEATH LEnter only one couse per line for 10 , (b1, ond 10  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF										
	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10										
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			YES NO		WERE FINDIN			
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)			
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		211 LOCATH	DN	CITY OR TO	wN	COUNTY	STATE		
			ital) attended the deceased from	2, o		(our) opinion o	, to death occurred on the de		and from the			
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								Z/85		
		Dr. Nathan    270 Physician's Name (IMPE OR PRINT)   720 ADDRESS   500 Memo:   Bldg., Cumberland						21502	morial	Med.		
		Burial, CREMATION, REMOVAL SPECIFY) Burial			Memoria		23d LOCATION CUMBER Tand	d Alleg	gany Ma	aryland		
		UNERAL DIRECTOR	100000				FEC'D BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE		
	Si	Silcox-Merritt 404 Decatur St. Cumb. Md. 2150										

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# STATE OF MARYLAND

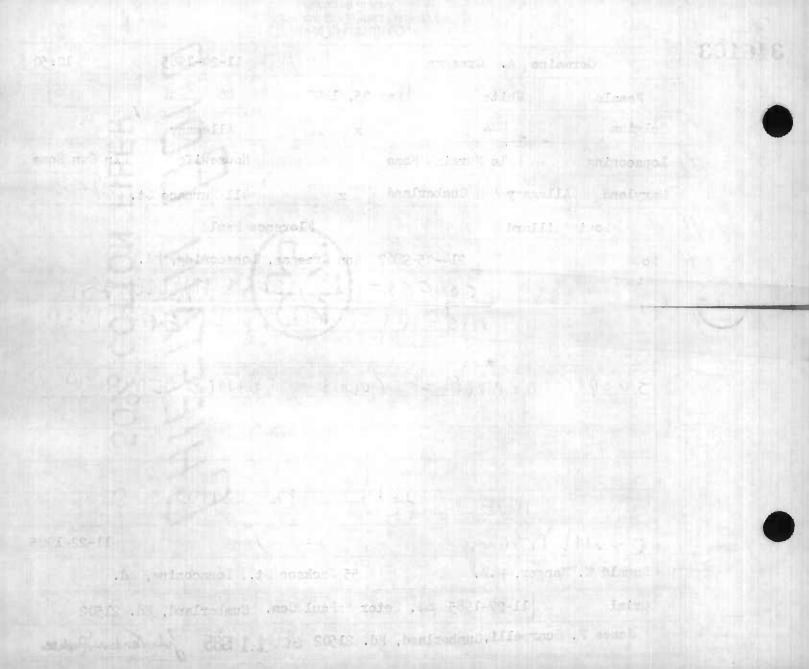
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1. DECEASED NAME FIRST (TYPE OR PRINT) CARRT	MIDDLE A		WFORD	November 1	DAY YEAR	26. HOUR 7:25		
-	3 SEX	4 RACE	5. DATE C		6. AGE LIN YEARS LAST BIRTHE		IF UNDER 21 HRS.		
-	Female	White		2, °1900 YEAR	85	YRS.	HOURS MIN		
		Th CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH			
ø	Maryland	USA	WIDOWE	DE DINORCED	Allega		MD.		
0	Cumberland	II. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Memorial H	estreet address) Hospital	DR OTHER INSTITUTION	Type of work for most of Housewife		In Own Home		
E	USUAL RESIDENCE (IF NURSING HOME OR ISO STATE ISO COUN ALLE	other institution, give residence TY 13c. CITY O Old		13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / 2	ZIP CODE 2	1555		
6	14 FATHER'S NAME FIRST Silas Car	der LA	AST	15. MOTHER'S MAIDEN NA/ FIRST	Agnes Deff	Inbaugh	12.		
1	(YES NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES)	12 SECURITY NO.	Mrd. Arthur	Maness, Cumbe				
7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CON	ISEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIONS AUTOPSYTEM	TION GIVEN IN PART 1	INGS USED		
7	the constitution of TV at a little per section	21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	214. HOW INJURY OCCURR	Total Section	PUTEN IS PART I ORPART II	моП		
	SW INTERNATION OF CHANGES	ZIE PLACE OF INJURY	Language Company	ZIE LOCATION	CIPI OR FOWN	COUNTY	(CATE		
	The contry that (I) (this bases from the deceased alive on follows, (I) (we) (did) (did act		1	d that in (my) (our) opinion a	to to	and hour and from the	that (I) (we) last couses stated		
,	ITH SIGNATURE	010	K		MEDICAL STAFF	N [] 271. 9ATE	14/B		
	Dr. A. Torre			51570 COLUMNOWS	ial Hospital	Charles and the second	.,		
1	The BURIAL CREMATION, REMOVAL	11-4-1985		EMETERY OR CREMATORY Cemetery	IN LOCATION	Allegany, M	id.		

DHMH - 16 60M 7/B4 (VRA 15, 4)

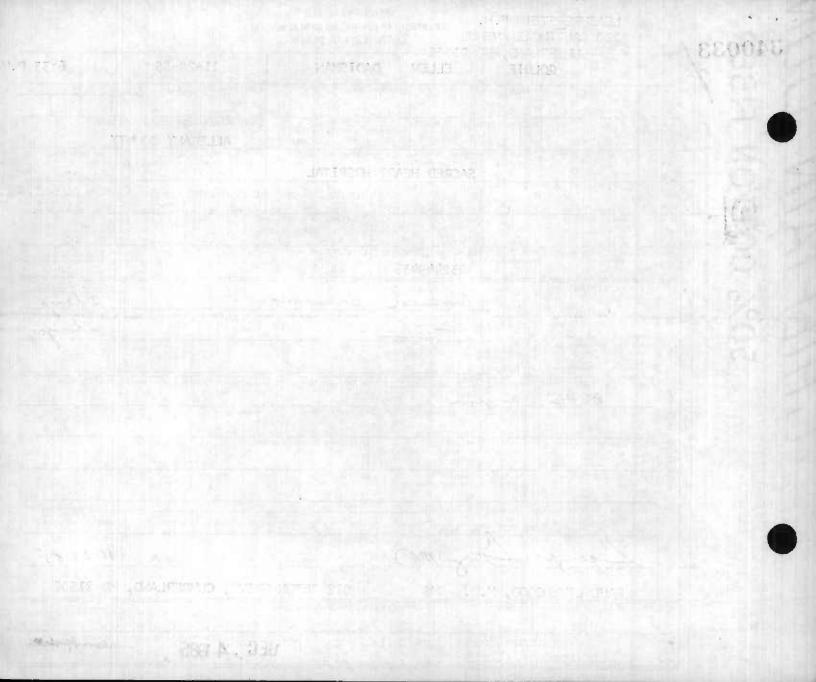
PA FUNERAL DIRECTOR F. Scarpellicumberland, Md. 21502

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(VRA 15, 4)

STATE OF MARYLAND



### FOR 1 - STATE REGISTRAR

I DECEASED NAME (TYPE OR PRINT)

Male

MARYLAND

Frostburg

Maryland

4 FATHER'S NAME

160 WAS DECEASED EVER

YES, NO OR UNKNOWN

BIRTHPLACE ISTATE OR FOREIGN

O CITY OR TOWN OF DEATH

1.5EX

William

4 RACE

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
38. STATE
Maryland
Alleg.
Frostburg

IN U.S. ARMED FORCES?

18 CAUSE OF DEATH | Enter only one couse per line for 101, (b), and ic PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (0)

DREW

218 16 3662

aut

166 SOCIAL SECURITY NO

## STATE O

YES X

15 MOTHER'S MAIDEN NAME

ANNA

phy contil

DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	TENE REG. NO	в <del>ч</del> я	7 0		V
MIDDLE	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOU	3
iam L.	Drew	11/28/85	5		12;5	Oa <sub>M</sub>
4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS	
White	7/22/24	61	YRS	NIHS DAYS	HOURS	MIN,
TO CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	FDEATH		700
United States		Allegar		MD.		
11. NAME OF HOSPITAL, NURSIN I IF NOT IN SUCH FACILITY GIVE STREET Frostburg Commun	IG HOME OR OTHER INSTITUTION  ADDRESS!  1 ty Hospital	120 USUAL OCCUPATION OF THE PIPE FITT	F WORKING LIFE)	126 KIND O INDUSTRY CELAI		SSOR
TY 130 CITY OR TOW		113. STREET ADDRESS	7 IP CODE		215	32

FROSTBURG, MD 21532 MRS. WILLIAM DREW, RT 1, BOX 48A

RD 1 Box 48 A. Frostburg, MD

ARTZ

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84 (VRA 15, 4)

Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (c)	ony conteny	disease	
PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PART 110
19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
21d INJURY OCCURRED	21e PLACE OF INJURY   AT HOME STREET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
22a. I certify that (1) (this hospital) sow the deceased alive an above, (1) (we) (did) (did not) vi				
226 SIGNATURE  Sebus (4-		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAI	
77d PHYSICIAN'S NAME (TYPE OR PR	NI)	22e ADDRESS		
Dr. J. Tan			Frostburg.	MD 21532
URIAL, CREMATION, REMOVAL	11/30/85 FROST	EMETERY OR CREMATORY BURG MEM PK	23d LOCATION CITY OR TOWN FROSTBIL	COUNTY STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Memorial Hospital

Westernport

16h SOCIAL SECURITY NO

216-07-4045

Fazenbaker

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**FAZENBAKER** 

YEAR

DIVORCED [

15 MOTHER'S MAIDEN NAME

Jeanette

17 INFORMANT

20 DATE OF DEATH

26 HOUR 3:30

6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.

November 30, 1985

MONTH

**BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED

Allegany

12ª USUAL OCCUPATION

126 KIND OF BUSINESS OR

(TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Self Employ

Electrician

13e.STREET ADDRESS / ZIP CODE 21562 Westernport

Wilson

ADDRESS

Mr. William Fazenbaker Westernport. Md.

lustic Con Intry Rigare

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION

HOUR A.M. MONTH DAY YEAR

LAT HOME, STREET, FACTORY, OFFICE FARM, ETC )

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? YES NO X

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

CITY OR TOWN COUNTY

and that in (my) (aur) apinian death occurred on the date and hour and fram the causes stated

STATE

226 SIGNATUR DEGREE

216 TIME OF INJURY

21e PLACE OF INJURY

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Memorial Hospital Medical Building

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. R. Barrera

ALBERT

13b COUNTY

Allegany

IMMEDIATE CAUSE (a)

22a I certify that (1) (this haspital) attended the deceased fram.

Cumberland

Conditions, if any, which gave rise to immediate cause (a), stating the

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

WHILE ON NOT WHILE OF

underlying couse

yes

CERTIFICATION

MEDICAL

4 RACE

White

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

211 LOCATION

Cumberland, MD 21502

23a BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY Burial 12/2/85 Bloomington Cemetery

Bloomington Garrett Md. STATE 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

21564 Boal Funeral Service Westernport, Md.

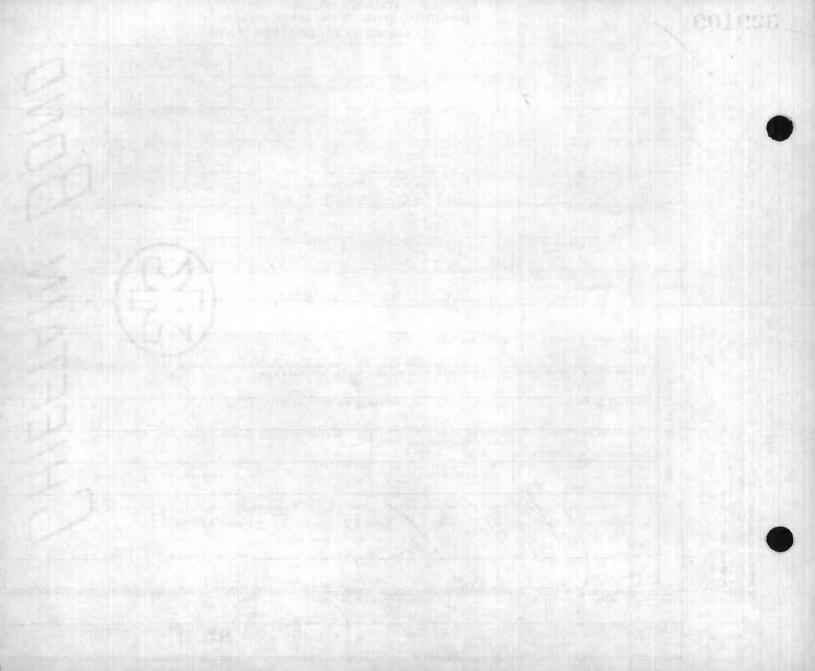
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	I DE	CEASED NAME	FIRST		MIDDLE		AST	20 DATE	OF DEATH	MONTH	DAY	YEAR	2b HOUR	
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- 2	3 SE			4 RACE		S. DATE C	S. DATE OF BIRTH		IN YEARS LAST BIRT	(YADH)	MONTH	DAYS	HOURS	HR5
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filled in oblid be	130	AL RESIDENCE (# STATE RYLAND	136 COU		13c CITY OR TOWN FROSTB	/N	138 INSIDE CITY LIMITS?	13e STREE	T ADDRESS /				21532	)
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21201 ANY EL AND TE ETAIN COUID EL	USUA	AL RESIDENCE (IF	IN NURSING HOME OR	OTHER INSTITUTION, G	IVE RESIDENCE	BEFORE ADMISSION						(Zip		4317	1200
AND:	J.	Va	Harri			or town		YES T	NO [	TREET ADDRE	SS	-		,,,,,,	7777
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BALTIMORE, MD. S AFTER DEATH GIVE PAGES 1, PAGES 1 AND 2 PAGES 1 AND 2 PAGES 1 AND 2	(4	es, no, or unknown Yes	(	etime	234-	14-2192		forlin	ב עם	11.6	,		• 1	ribus.	
				ane cause per line			17.	erim	F. Hal	LI-Brac	lenton	<u>, 111</u>		PROXIMATE	INITERVAL
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DIVISION OF VITAL RECORDS, 201 W. PRESTON: S CRTHICATE SHOULD BE EXECUTED WITHIN 24 H RITING THE WORD "PENDING" IN PENCIL IN ITEM RED TO THE CHIEF MEDICAL EXAMINER ALONG RES 3 SHOULD BE USED AS A BURIAL. TRANSIT PEN E DEPARTMENT OF HEALTH AND MENTAL HYGEN OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	LAKE & DILLER ZIPHE	ICANI CONDIIIONS <u>CI</u>	ONTRIRUTING TO DEATH	BUT NOT RELA	TED TO THE TERMIN	AL DISEASE D	R CONDITION GI	VEN IN PART 1 10						
RECO ILD BE PENDI MEDI D AS A HEALTH	CERTIFICATION	190. DATE OF O	PERATION	196 CONDI	TION FOR	WHICH OPERA	TION WAS	PERFORME	:D?		-		120 AI	UTOPSY?	
SHOULD ORD "PE CHIEF A	FIC														
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WOR REGE 4 SHOULD BE FORWARDED TO THE CHAPTER DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT CHAPTER OF ARTIMORE, MARYLAND, 21201 PRIOR TO BUR	-33	AT WORK	TWORK	7	-										
NO. HE S		22a. I certify t	har I took thorge	of the remains de	wibed abo	ve, held on	Autopsy		spection X	Inquiry	X or	nd in my a	pinion		
MIN		death resulted	Fram Nghira	couses X	Accident	, Suici	de [],	Hamicide	Unc	determined mo	nner,				
EXAMI CERTIFIC BE DIRECT WITH	100	ACTUAL	10X	c //	,	//	/	TITLE (SPEC	CIFY)						
<b>★</b> # 5 <b>★</b> # * * * * * * * * * * * * * * * * * *		ACTUAL SIGNATURE	1/10	leff	_/	1m	M.D.	_Dpty	MI	EDICAL EXAM	INER	DATE	ED 1	1/18,	/85
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TO PACT	23a.BI	JRIAL, CREMATIC	N, REMOVAL 23	DATE	23c N	AME OF CEME	TERY OR O	REMATORY	23d.	LOCATION		COL	INTY	57.7	TF.
07/B4 BP	B	urial	1	1-22-85	Cu	nningha	m Cen	eterv	Rt	.1. Wa	llace.	-Harr	cison	1-W.V	a.
25M DHMH 17				Upchurch	Fune	ral Hom	e, P.	A. 13d	BYE ROC'9	B 1985 TRA	R 255 REG	STRAR'S	SIGNATU	RE 19	
() ( (IVR ATS NE (5))	2	02 Green	e Street	, Cumber	land,	Md. 2	1502				7		- 1		



STATE OF MARYLAND

1.	STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.			
	CEASED NAME FIRST MARY	HELE	NA I	IARE	AST		1985 DAY	YEAR	1545 H	
3 SE	FEMALE	4 RACE WH	ITE	S. DATE OF		6 AGE (IN YEARS LAST BIR	THDAY) IF UN MONTH	HS DAYS	IF UNDER 24 HRS	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	UNITE	WHAT COUNTRY?	MARRIE	Total Control of the		Y COUNT		M	
CL	ITY OR TOWN OF DEATH JMBERLAND	(ME) to A	HFAFLIN, PHOSPI	भेजिल्लाको है। इस्कारिक	PROTHER INSTITUTION CENT	126 USUAL OCCUPATION  TO PROPERTY HOLDS WITH BUSINESS INDUSTRY HOME				
130 M/	AL RESIDENCE (IF NURSING HOME OF STATE ARYLAND 136 COUR ALL		13t. CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET ADDRESS S	Street/2	1502		
14 F.	ATHER'S NAME Urban Port	MIDDLE	LAST		IS MOTHER'S MAIDEN NAME OF THE PROPERTY OF THE	abelle Blüba		LAS	31	
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN} (IF YES GIV	MED FORCES?	213 22		Mr. Robert R	. Hare, Cumb		MD 2	21502	
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA)	TE CAUSE (a)	- / -	60-	Respirato	of Arris	4	BETWEEN	imate interval Onset and death	
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUI	ENCE OF	EB LOI	νω = //				
N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN H	N PART 110	a	
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING			
	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINED	HOUR A	DE INJURY M. MONTH D. M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 1B PART 1	OR PART 7)		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	FARM ETC ]	21f LOCATION STREET	OF RO YELD	wn	COUNTY	STATE	
	220.1 certify that (1) (this hasp saw the deceased alive an abave, (1) (we) (did) (did no		19		nd that in (my) (aur) apinian	, ta death accurred on the de			that (I) (we) la causes stated	
	226 SIGNATURE	MANY MI		1	ATTENDING PHYSICIAN	MEDICAL STAI	FF	22c DATE	SIGNED 1	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT

24 FUNERAL DIRECTOR

236 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Cremation

Rosedale Funeral Chapel Martinsburg Berkeley WV

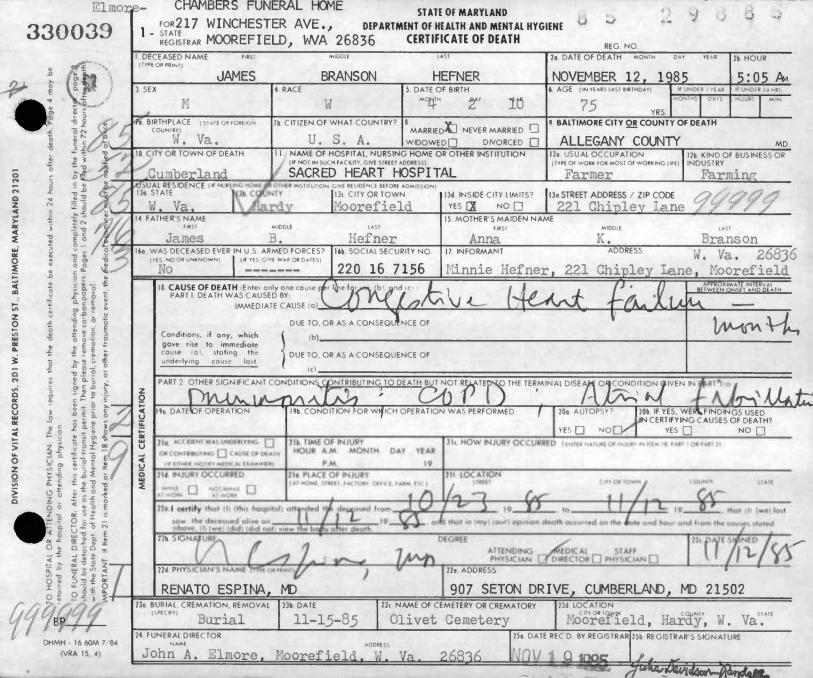
DRESSS
and, MD 21502 23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Memorial Avenue, Cumberland, MD

James F. Scarpelli, Cumberland, MD 21502

	7.050
	11.01%



			TO WINCHESTER AVE.,	
4:05 A	NOVELEER 12, 1985	HEIMER	LIOE AND PERAL	
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		in Lineas		

224400	1	FOR 108 VIRGI		RTMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	REG. NO.	
324106		DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 2b. HOUR
by be		GEORGE	WALTER	HENSLEY JR.	NOVEMBER 5, 1985	7:30 P
ge 4 metror. profes	3	male	white	5. Date of Birth 09-02-1908		UNDER I YEAR IF UNDER 24 HRS
The same of the sa	70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED D	9 BALTIMORE CITY OR COUNTY C	
TA	4	Cumberland	(IF NOT IN SUCH FACILITY, GIVE ST SACRED HEART	HOSPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOSLOF WORKING LIFE) TETITED CATMAN	126. KIND OF BUSINESS OR INDUSTRY Railroad
08	A 13		Legany Lavalo	YES NO	13e STREET ADDRESS / ZIP CODE 2 Glenview Terra	ace/21502
mpleteh ond 2 s	1	FATHER'S NAME FIRST George V	. Hensley	15 MOTHER'S MAIDEN NA	a Howser	LAST
on ond co	16	(YES, NO OR UNKNOWN) (IF YES G	RMED FORCES? 166 SOCIALS (IVE WAR OR DATES) 705–09-	- 14 0 2 44	nsley, LaVale, MD	-wife
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offer this os the burner or head of head M	200	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF	CE, FARM, ETC.)	CHY OR TOWN	COUNTY STATE
Spitol or CTOR. A difor use in 21 is mo		saw the deceased alive a above, (1) (we) (did) (did r	pital) attended the deceased fra in1 not) view the body after death.	m		that (I) (we) last and from the causes stated
TAL OR y the ho RAL DIRE detoched fore Dept		526. SIGNATURE Fireder	Ashker, M		MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
etoined b etoined b TO FUNEE should be with the Si		228 PHYSICIAN'S NAME (TYPE		220 ADDRESS  MEMORIAL HO	SP. CUMBERLAND, MD	21502
F = F = 3 37	23	BURIAL, CREMATION, REMOVA		3c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
RP		Burial	11-09-1985	Sunset Memorial Par	k Cumberland Al	Llegany MD

James F. Scarpelli, Cumberland, MD 21502

STATE OF MARYLAND

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

SCARPELLI FUNERAL HOME

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 331074 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Blanche Virginia Hickle ESTI-DEATH MATED 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR 3. SEX IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED Female White May 13, 1936 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEYER MARRIED West Virginia USA Allegany DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS In Own Home Housewife Cumberland 518 Necessity St. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Route 8, Valley Road 13b. Allegany Maryland 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 21502 Cumberland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Madeline Kifer David Sulser 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 212-54-8457 Mr. Anthony S. Hickle, Cumberland, Husband TAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY:

Arteriosclerotic Cardiovascular Disease APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DED TO THE CHIEF IS SHOULD BE USED E DEPARTMENT OF HE YES NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 2 If LOCATION EXECUTE THE CERTIFICATE, WATHING PAGE & SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH WITH THE STATE DE BAILTINGRE, MARYLAND, 21201 P STREET, FACTORY, FARM ETC. STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Inspection and in my opinion depth resulted from: Notural causes Homicide \_\_\_ Undetermined monner 11-16-1985 Deputy SIGNATURE MEDICAL EXAMINER Francisco Reyes M. D. Seton Drive. Cumberland. Md. EXAMINER'S NAME (TYPE OR PRINT) 23c NAME OF CEMETERY OR CREMATORY
Sunset Memorial Park 230 BURIAL, CREMATION, REMOVAL 236. DATE Cumberland, Allegany, Md. 11-19-1985 Burial 24 FUNERALDIRECTOR F. Scarpelli Cumberland, Md. 21502 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE who Davidson Handalle **DHMH - 17** (VR A15 ME (5)) 15M 2/80

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DHMH - 16 60M 7/B4 (VRA 15, 4) 74 FUNERAL DIRECTOR F. Scarpelli, Cumberland, Md.

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22 2 2 2 2 E	{TYPE	OR PRINT)	Sylvest	er Thoma	as		Iser		OF ES	IED X	11-30+85	10:00 a M
NECESSARY, PLEASE UNREAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS I. PRESTON STREET,	3. SEX		4 RACE	5. DATE OF BIRTH		6. AGE (IN YEA	S IF UNDER 1 YR			MONT	TH DAY YEAR	24 HOUR
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PEESTON PRESTON	7a BIR	THPLACE (ST.	ATE OR	76 CITIZEN OF W		TRY?	9	NEVER MARRIED	9 BALTIMORE	CITY OR COL	UNTY OF DEATH	
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0	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	ITION FOR V	WHICH OPER	TION WAS PERFO	DRMED?			20 AUTOPSY	(?
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ž	8	14 INJURY O	CCURRED	21e PLACE	OF INJURY	(AT HOME,	211 LOCATION	0014010	SITY OF TOWN		COUNTY	STATE
		AT WORK	NOT WHILE X	X hor			Route	3, box	78 Rawlin	ıgs, md	. Allegar	ly , Md
ID, 2		22a 1 certif	y that I took charge	e of the remains de	scribed abov	ve, held on	Autopsy .	Inspection X	, Inquiry	and in my	y opinion	10 - 1
Z		deoth resulte		ol causes ,	Accident		ide XX, Hor		Indetermined manner			
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THE -		TYPE OR PRIN	`''	vanni Mas					on drive,	cumber	rand, Md.	21302
5.29	23a BU (SP	RIAL, CREMAT	TION, REMOVAL 2				ETERY OR CREMA		Id LOCATION CITY OR TOWN	(	COUNTY	STATE
	24.50	Buria		12/3/85	Da	yton	Cemeter	y I	McCoole D. BY REGISTRAR 12:	All	Legany	MD
7	24. FU	NERAL DIREC		ADDRES	S	G# 17			1005	O. K	3 SIGNATURE	
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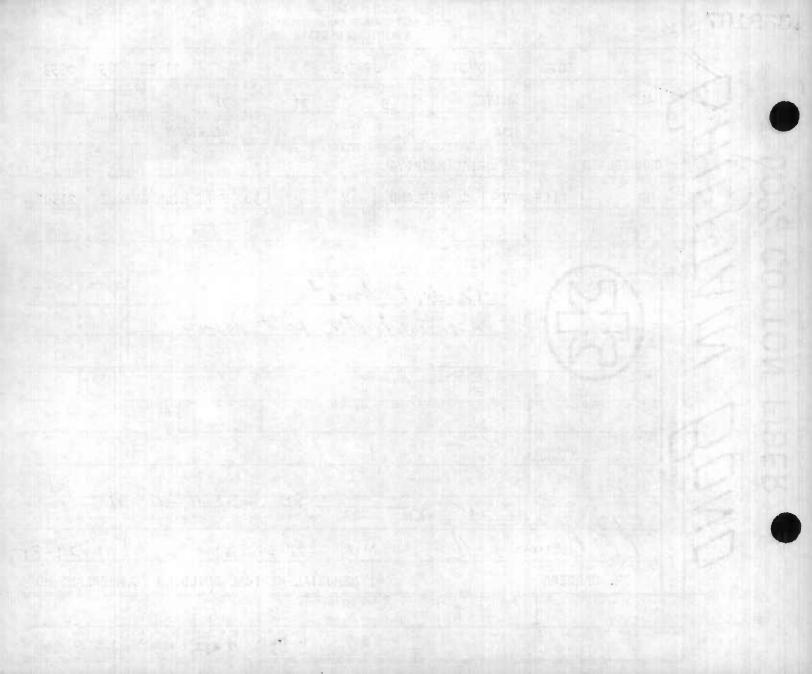
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1	REGISTRAR				CERTIF	FICATE OF DEATH	REG.	NO.		
才		EASED NAME	FIRST	/	MIDDLE		LAS1	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
ı	11174	DH PRINTI	BOYD		OWEN		JEWELL		11 2	8 85	0953 M
ı	1.5EX		4	RACE		5. DATE	OF BIRTH	6 AGE IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
t	1.1	MALE		WHIT	E	MONTH 9	30 11	74	YRS	MONTHS DAYS	HOURS MIN.
1		THPLACE LIATE OR F	OREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8	D D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
4	-	West Virgi	nia	USA		WIDOW		ALLE	ANY		MD.
1	10_CI	TY OR TOWN OF DEA	TH 1				OR OTHER INSTITUTION	120 USUAL OCCUPA		126. KIND C	E BUSINESS OR
1	(	CUMBERLAND		MEMO	RIAL HOSP	TAL		Train Cal		Other -	Kelly- Springfi
1	USUA	AL RESIDENCE (IF NURS)	136 COUNT		134 CITY OR TOWN CUMBERL	AND	138 INSIDE CITY LIMITS?	300 FORT			21502
T	4 FA	THER'S NAME		IDDLE	LAST		15 MOTHER'S MAIDEN NAM		C3 (		
Λ		William		B.	Jewe	11	Rose	Lee		Ton	kins
1		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU		17 INFORMANT		RESS	Jen	VTI12
	{Y	Yes Yes		W.II	214 07 0	980	Greg O. Jewel	ll - Taylo	r, Mic	chigan	
T		18 CAUSE OF DEATH	H (Enter anly	ane cause per	line far (a), (b), one	d re-	, /			APPROX	MATE INTERVAL
1			AS CAUSED IMMEDIATE		Candlia		Arrest				
1		The second of					~4 /				
1		Conditions if any	. Acti	DUE TO, OI	R AS A CONSEQUE	NCEOF	rolic Hear	+ Price	0		
ı	- 1	Canditions, if any, gave rise to imm		(b)	garen	JUCK	AUGUC /A	MAN	7		
1		cause (o), stating underlying cause		DUE TO, OF	R AS A CONSEQUE	NCE OF					
1		onderlying cause	1051	(c)							
1	-	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART LI	
1	CERTIFICATION						3	0.00			
Я	S.	96. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h IF Y	ES, WERE FINDIN	OF DEATHS
4	E							YES NO		YES [	NO []
7	8	210. ACCIDENT WAS UND	had.	216. TIME O			21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 1	B PART   OR PART 2)	
Λ.	7	OR CONTRIBUTING C		HOUR A./	M. MONTH DA	Y YEAR					
T	MEDICAL	21d INJURY OCCURR		21e. PLACE (		19	211, LOCATION				
1	发	NOT WH	ILE		BEET, FACTORY, OFFICE FA	ARM, ETC )	STREET	CITY OR	IOWN	COUNTY	STATE
I		AT WOR		5 1 1 1 1	1		ST.	1	1-71	- FI	
1		220 I certify that (1) saw the decease		11 "	19	7	nd that in (my) (our) opinion d	enth assured an the	1-1	-	that (I) (we) last
1		obove/(i) (we) (d	id) did not	view the body	ofter death.				date and no		
1		226. SIGNATURE	1/2.				DEGREE	MEDICAL	4.00	22c. DATE	SIGNED
L		16/9	sau		4_		MO ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN []		29-81
1		22d. PHYSICIAN'S NA		PRINT	-		22e ADDRESS			11 6 110	
1		DR'. BA	RRERA				MEMORIAL ME	DICAL BUIL	DING	CUMBERL	AND MD
Ť		URIAL, CREMATION,	REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
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1	202	Croone S	treat-	Cimber	land, Mar	vland	21502 DF	C 7 4005	T A	Andrew Stand	Bouting
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3 40	00	2		CEASED NAME FIRS	ST .	MBERLAND, N		AST	REG. NO.  20 DATE OF DEATH MONTH  NOVEMBER 28,	1985   26. HOUR 9:05	P		
DE 4 mg	de de la marcha de			Female	4 RACE White	White  S. Date of Birth  March 1, DAY 1893 FAR			6 AGE (IN YEARS LAST BIRTHDAY) 92 YR	MONTHS DAYS HOURS MIN.	_		
O 12 85				RTHPLACE (STATE OR FOREIG est Virginia	76 CITIZEN OF	USA		D NEVER MARRIED D					
O) oher d	24 hours, other di			TY OR TOWN OF DEATH umberland		HOSPITAL, NURSIN ICH FACILITY, GIVE STREET ED HEART I		TAL					
24 hour				AL RESIDENCE (IF NURSING HOTTATE	ome or other institution COUNTY Llegany	Cumberla	and and and	13d INSIDE CITY LIMITS? YES K NO [	130 STREET ADDRESS / ZIP CO	chanic St. 21502	2		
MARYLL ed within	1101	011	14 FA	Newton Mo	reland	LAST		15 MOTHER'S MAIDEN N.	la Whitacre LAST				
MORE,	100			VAS DECEASED EVER IN U. YES NO OR UNKNOWN) (IF Y	S. ARMED FORCES? (ES. GIVE WAR OR DATES)	2141622		Mr. James M	. Roby, Cumberl	and, Md.			
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5, 201 W. P		ny, or other	,	cause (a), stating to underlying cause la	st (c)_	OR AS MONSEOU	> 1	Comment To	minal disease or condition	GIVEN IN PART 110	_		
L RECORD  Line Inc. Inc.  Thur been y  permit The  respicat to  respicat to  respicat to  respicat to		9	THEATION	190 DATE OF OPERATION	19b CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO	_		
CIAN T	g physics certificate nathransi	19	CAL CER	210. ACCIDENT WAS UNDERLY IF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM	. 18 PART 1 OR PART 2)			
PHYSICs thending a r this cert the burnel and Mental		MEDI	214 INJURY OCCURRED		OF INJURY	ARM ETC ]	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				

saw the deceased dive an and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (fid) (did not) view the DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN NAME (TYPE OR PRINT) 22e ADDRESS KIM, SHIN, M.D. 90 MAIN STREET WESTERNPORT, MD. Dec. 2, 1985 334 NAME OF CEMETERY OR CREMATORY Levels Cemetery 13d LOCATION Va. COUNTY 230 BURIAL, CREMATION, REMOVAL ISPEBUTIAL 24 FUNERAL DIRECTOR F. Scarpelli, Cumberland, Md. THE DATE NEC D. BY NEGISTNAR TSE REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

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52 1	FOR - STATE REGISTRAR			DEPARTMENT OF DICAL EXAMIN				ATM	REG. NO.	0 7	
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2	BIRTHPLACE (STA FOREIGN COUNTRY)		May 7,	1950 35 Y	RS. B MARRII	D NEVER	MARRIED   DIVORCED	P BALTEMORE All	city or coul		, 11 v
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1 160	Loy WAS DECEASED (YES, NO, OF UNKNOW YES	EVER IN U.S. AR	T.	Kile  166. SOCIAL SECURIT  220 58 (		17. INFORMAN		A	DDRESS	mble	d.
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24	FUNERAL DIRECT	al	29 <b>N</b> OV 19	Dawson EYSER, W.	1 Cen	etery	Date REC'D. B	WSON Y REGISTRAR 2	Allego REGISTRAR'S	any Md	MATE C
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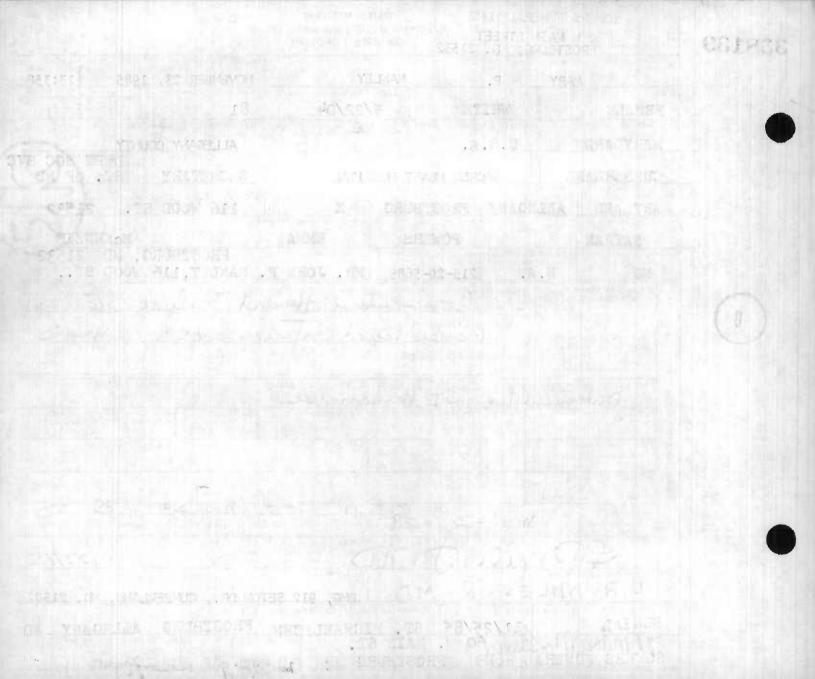
	1-	FOR STATE		I AAFI	DEPARTMENT OF	HEALTH	AARYLAND HAND MENTAL H CERTIFICATE O	EDEATH	2 9	1 0	7	9
337042	1 DE	REGISTRAR CEASED NAME E OR PRINT)	FIRST		MIDDLE WILLIAM		LAST DAR	20. DATE KNOW OF ESTI- DEATH MATE			YEAR 185	26 HOUR 0200 <sub>M</sub>
NAY, PLES TONE FILL TON STREE	Ma	le h	hite				NDER 1 YR. IF UNDER	MIN PRONOUNCED DEAD	11	14	19 85	24 HOUR 1715
S NECESS F PUNEBA E 5 FOR PRES	FO	RTHPLACE (STATE REIGN COUNTRY)  Maryla TY OR TOWN OF I	nd	U.S.A	PITAL, NURSING HO	WIDOW		Allega	ny	12b. K1	IND OF BUS	MD.
A V DELAY				RE I BO	CILITY GIVESTREET ADDRESS K 603  VE RESIDENCE BEFORE ADMIS  1130. CITY OR TOWN	5) 5510N)	13d. INSIDE CITY LIMITS?	FOR MOST OF WORKING LIFE SEXTON  13e STREET ADDRESS	Pos	1 0	FINDUSTR	e
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IS AFTER A SIGN	16a V	Henry VAS DECEASED EV ES, NO, OR UNKNOWN) Yes	ER IN U.S. ARA	WAR OR DATES)	Loar 166 SOCIAL SECUR 214-07-5		Lula 17. INFORMANT	dith Murra	RES Rt.			Md.
5, 201 W. PRESTON ST. CUTED WITHIN 24 HOL I EXAMINER ALONG I EXAMINER PRONG I RIAL TRANSIT PERMIT ND MENTAL HYGIENE, IION, OR REMOVAL	7	Canditians, gave rise cause (a) sta lying cause li	f any, which to immediate under-	DBY: C: E CAUSE (a)  DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUENC	e OF tery l	neart <b>x</b> dise			5	approximate ween griset	AND DEATH
ICATE SHO THE WORD THE CHIE SULD BE US STAMENT OF R TO BURK	MEDICAL CERTIFICATION	19a. DATE OF OP  21a EXTERNAL C UNDERLYING CONTRIBUTING 21d INJURY OCC	AUSE WAS OR CAUSE OF E	21b. TIME OF HOUR A.M DEATH P.M	INJURY . MONTH DAY YE . P DF INJURY (ATHOME, ORY, FARM, ETC.)	211 LC		D (ENTER NATURE OF INJURY IN IT			AUTOPSY?	NO*
TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING: PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 SHC AFTER DEATH, WITH THE STATE DEPAR BATTIMORE, MARYLAND, 21201 PRIO	730.81	WHILE AT WORK A  270 I certify the death resident in the second in the s	ot I took charg	l Snow, M	fin	Suicide	Hamicide  TITLE (SPECIFY) Dp ty  Mem ADDRESS	Undetermined manner  MEDICAL EXAMINER  TOTAL HOSPIT  1234 LOCATION CITY OF TOWN		IE 11	1/14/8 cland	Md
DHMH : 17 (VR A15 ME (5))		Buri	1	Nov.17'8			Mem. Parl	REC'D. BY REGISTRAR 256			iny,	Md.

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FROSTBURG

(VRA 15, 4)

STATE OF MARYLAND



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338136		REGISTRAR WES	STERNP	ORT, MD	21562	CERTIF	ICATE OF DEATH	REG. N				
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oy the f	110 C	ITY OR TOWN OF DE.	ATH 1	11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  SACRED HEART HOSPIT				OF WORKING LIFE) INDUST	ORKING LIFE) INDUSTRY			
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more, pond co		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	216-07-9		Mrs. Ethel	yn Marsh We	ESS			
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UG PHYSICIAN. The low requirent of the control of the certificate has been signs the burrol-tronsit permit. Then hand Mental Hygiene prior to burked or Hem 18 shows any miur.		210. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	"	M. MONTH DA	YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART   OR PART	2)		
offending of the bulk ond Mcked or I	MEDICAL	21d INJURY OCCUR	HILE	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE		
Spitol or CTOR- Af Ifor use of of Health		22a.l certify that (1) saw the deceas					d that in (my) (our) op-nion	death occurred on the di	ate and hour and from	, that (I) (we) last the causes stated		
by the ho by the ho ERAL DIRE e detached State Dept		The Signature	in	41	Thin		ATTENDING PHYSICIAN	MEDICAL STAT	H .	ATE SIGNED		
TO HOSPITA retoined by TO FUNERA should be de with the Stol		S. KIM,	AME ITINI ON	nosti (	11/	/	90 MAIN ST	REET, WESTE	RNPORT, MD 2	21562		
		BURIAL, CREMATION,	REMOVAL	236. DATE	4		EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE		
BP	_	Burial	1	11/30	Ph	ilos	Cemetery		rt Allegan			
DHMH - 16 60M 7/84		oals Funer	al Ser	vice	Westerripo	rt, M	d. 219627	TE REC'D. BY REGISTRAR	THE REGISTRAR'S SIGN	IATURE		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 343039 CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINT ARNOLD GLENN MCCOY November 26. 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER LYFAR IF LINDER 21 MPS YEAR Male Cau 1936 16 M BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED Allegany WIDOWED IR CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland Memorial Hospital Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 138.STREET ADDRESS / ZIP CODE P.O. Minera Box New Creek 2671 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Miller Pauline Glenn McCov In WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMAN New Creek. WV IYES NO OR UNKNOWN) 234-62-4875 No 18 CAUSE OF DEATH (Enter only one cause per line lar PART I. DEATH WAS CAUSED BY Canditians, if ony, which gove rise to immediate stating the DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g IFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE FARM, ETC.) 22a | certify that (1) (this haspital) attended the deceased from saw the deceased olive on, and that in (my) (aur) apinion death accurred on the date and hour and Iram the causes stated 275 SIGNATUR DEGREE THE DATE SIGNED. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPER PRINT) 22e ADDRESS Memorial Hospital Medical Building Dr. O. Zaman Cumberland, MD 21502 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Potomac Mem Gardens Keyser Mineral REAL DIRECTOR
NAME
Craig Rotruck 85 S Main St 26726 DHMH - 16 60M 7/84 (VRA 15, 4)

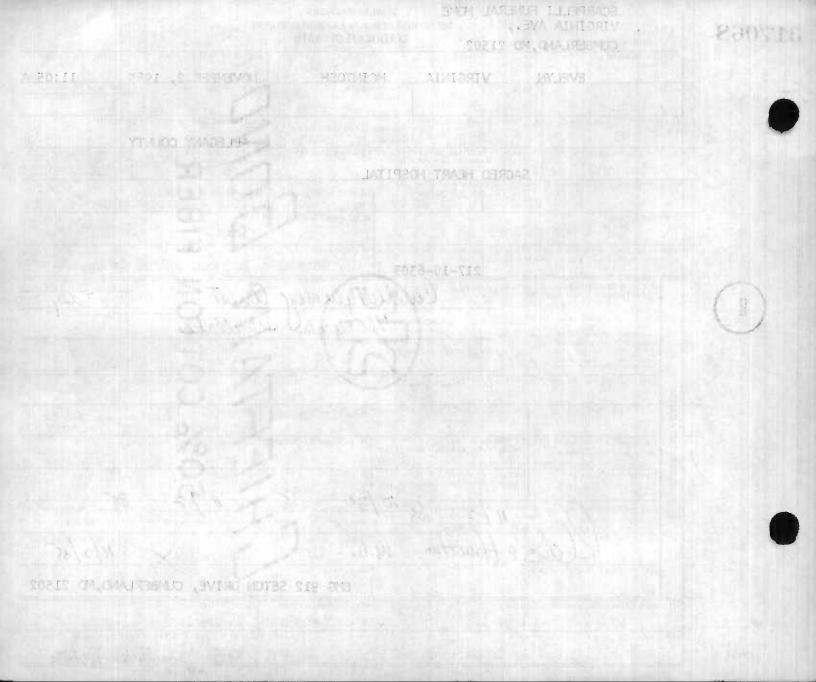
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James F. Scarpelli, Cumberland, MD 21502

DHMH - 16 60M 7/84

(VRA 15, 4)



Durst Funeral Home, Frostburg, Mi.

(VRA 15, 4)

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NECESSARY PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES WITHIN 72 HOURS WITHIN 72 HOURS	Femal	e White	5. DATE OF BIRTH 10 - 18	- ž <sup>2</sup> 4	6. AGE (IN YEARS LAST BIRTHDAY) 61 YRS.	MONTHS DAYS	HOURS	MIN. PRONOL DEA	JNCED	Mov	5, 1998	2:29 5 a M
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PAGE 5	Cumb	erland	11. NAME OF HOS	ed He	art Ho	spital	TUTION	FOR MOST OF W Housev	UPATION (TYI ORKING LIFE) VI TE	PE OF WORK	Own H	ISINESS RY OME
21201 F ANY D AND 3 RETAIN HOULD HOULD	Maryl	and All	OR OTHER INSTITUTION: G NTY .egany	113c CITY	OR TOWN	13d. INSIDI YES X		6 N.	RESS LaVal	e St	./2150	2
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DIVISIO THIS CERTIF WARDED TO WARDED TO TATE DEPARE	WHILE AT WOR	NOT WHILE AT WORK	21e PLACE STREET, FAC	OF INJURY TORY, FARM, E		STREET		CITY OR	rown	cou	NTY	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "FPAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HBALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL		Dioxo	rge of the remains de uraf causes below	Accident		1	Inspection micide ,	Undetermined  MEDICAL EXA	manner .	nd in my ap		
MEDICA ECUTE TI GEE 4 SH FUNER. TER DEA	EXAMINE (TYPE OR	R'S NAMEGIOV	anni Mas					Seton D	rive,			d, MD
	(SPECIFY)	MATION, REMOVAL			NAME OF CEME			Near Wh		COUN		TATE
BP	Bur 24. FUNERAL DI		11/7/85	) RC	cky Ga	p vet.	250. DATE R		RAR 25b REG	ISTRAR'S ST	GNATURE	MD
DHMH - 17 (VR A15 ME (5)) 15M 2/80	Jo	hn J. Ha	afer, Jr.	La	Vale,	MD	MON (	8 1985	Julia Di	ardson-	Mandell	

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DI	ATH	R	EG, NO.				
		EASED NAME	Gurtha		M.	Mil	Ller		20 DATE OF DE	ATH MONI		YEAR 85	26 HOUR 1:30	_ P
1	3 SEX	FEMALE		4 RACE WHITE		5. DATE C	DAY	1888	6 AGE (IN YEARS		YRS IF UN	HS DAYS	HOURS	MIN.
>		THPLACE (STAT	· Va.	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER M	ARRIED  ORCED	9 BALTIMORE O	egany	UNTY OF	DEATH		MD.
7		OR TOWN OF	AND	(IF NOT IN SUC	HOSPITAL, NURS IN H FACILITY, GIVE STREET Manor N	ursing		TUTION	(TYPE OF WORK FOR Restaur	MOST OF WOR	KING LIFE) [	26 KIND O NDUSTRY	F BUSINES	S OR
2	13a ST	Md.	13b COUR Alle	VTY					13e STREET ADD				2150	12
1		Aaron		fferson	Barbe			becca	Je	an		unkin	s S	
1		AS DECEASED E		MED FORCES?	236-36		17 INFORMAN	Barbe.	Cumber			2150. Poto		ark
		Conditions, if gove rise to cause to to cause to to cause to	immediate stating the ause last	(c)	DUE TO, OR AS A CONSEQUENCE OF  ICI  INDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL  A PLACE OF THE TERM					CONDITIO	ON GIVEN I			
<	CERTIFICATION	190 DATE OF OP	ERATION	196 CONDI	TION FOR WHICH OPERATION WAS PERFORMED			MED	200 AUTOPSY? 200 IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DE YES NO					
1	₹ I	214 INJURY OC	CAUSE OF DE	ALEXAMINER)  HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE, FA			211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN 11EM 18 PA			COUNTY STATE		ATE	
		22a I certify the	nt (l) (this hosp ceased alive an ve) (did) (did no	ital) attended th	e deceosed fram_ 19_ after death.	, 19, ta, 19, that (I) (we) la , and that in (my) (aur) apinion death accurred an the date and have and from the causes stated DEGREE 1776. DATE SIGNED								
		22d. PHYSICIAN Willia		or PRINT)  ames, M.	D.	7	22e ADDRESS		Drive,	D HAR	227	, MD	2150	25
	23a BU	URIAL, CREMATI			23c		ill Cem		23d LOCATIO CITY OR TO Markwo	OWN	oorei Ha	UNIY	sı. Və	ATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

SILCOX-MERRITT FINERAL SERVICE CUMBERLAND MDUNCTO

ADDRESS

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FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND

	L.	REGISTRAR				CERTIF	ICATE OF DEA	IH	REC	. NO.		
		CEASED NAME OR PRINTS	MERLYN		ANCIS		LLER		20 DATE OF DEAT	H MONTH	DAY YEAR	10:40 <sub>a M</sub>
	3. SEX	male		4. RACE Whi	ite	5 DATE C	0F BIRTH 6-13-1914	YEAR	6. AGE (IN YEARS LAS	ST BIRTHDAY)	MONTHS DATS	HOURS MIN.
2		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? B	D NEVER MAR	RIED 🗆	9 BALTIMORE CIT	Y OR COU		MD.
9		Cumber 1	ind	(IF NOT IN SUC	Memori	al	OR OTHER INSTITU	TION	120 USUAL OCCUI ITYPE OF WORK FOR MO retir	OST OF WORKIN	IG LIFE) INDUSTRY	of Business or tile
5	13a S	AL RESIDENCE (IF)	13b COUN	other institution. ITY egany	13c CITY OR T					ss/zipci	ia Avenue	21502
1	14 FA	ATHER'S NAME FIRST	Vernon	R. Mille	er		15 MOTHER'S MA	thel k	Kefer MDD		LA	ST
,		VAS DECEASED EV YES, NO OR UNKNOWN		MED FORCES? E WAR OR DATES!		0-4542	Mrs. E.	lizab		ller,	Cumberla	and, MD-wi
5	CERTIFICATION	Canditions, if a gave rise to cause 10, st underlying co	DUE TO, OI	mer.	NOT RELATED TO		NAL DISEASE OR C	20b. IF	GIVEN IN PART 1 YES, WERE FINDI	NGS USED		
7	MEDICAL CERTIFI	210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 210 INJURY OCC	CAUSE OF DEA	21e PLACE	M. MONTH M. OF INJURY	19	211 LOCATION	Y OCCURR	YES NO	INJURY IN ITEM	YES	NO [
	ME	220.1 certify that	eased alive an e) (did) (did no	tal) oftended the	13	om	DEGREE ATTE	NDING SICIAN 5	MEDICAL DIRECTOR PH	STAFF YSICIAN [	22c. DATE //- Memorial	
	23o 8	BURIAL, CREMATIC		23b DATE		23¢ NAME OF C	EMETERY OR CREA		erland, M	- 1		
		Bur:		11-21-	-1985	Sunset 1	Memorial	-	Cumber	land	Allegany	MD STATE

James F. Scarpelli, Cumberland, MD 21502

DHMH - 16 60M 7/B4

should be detached for use as the burial transit permit. Then please remove carbon pape with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

POSTALL: If them 21 is marked or them 18

O FUNERAL DIRECTOR After this certificate has been retained by the haspital or attending physician.

#### FOR - STATE REGISTRAR DECEASED NAME

ROBERT

4 RACE

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(TYPE OR PRINT)

3 SEX

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

MILLER

5 DATE OF BIRTH

REG. I	١٥.		
DEATH	MONTH	DAY	YE

November 11, 1985

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	90	20 05
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	ATENDING PHYSICIAN. The low requires that the death certificate be executed with:s=24 hours after death. Page 4 in oppital or attending physician.	RECTOR. After this certificate has been signed by the attending physicion and complete definitions per time to the conformation of the british transit per the british transit per the period of the property of the period of the
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		E

CERTIFICATION MEDICAL 0 FUNERAL DIRECTOR POLICE OF THE State Dept PORTANT If them BP

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial

Dr. H. C. Merrick

(SPECIFY)

23c NAME OF CEMETERY OR CREMATORY 11-14-1985 Hillcrest Burial Park

23d LOCATION Cumberland

Cumberland, MD

Allegany MD

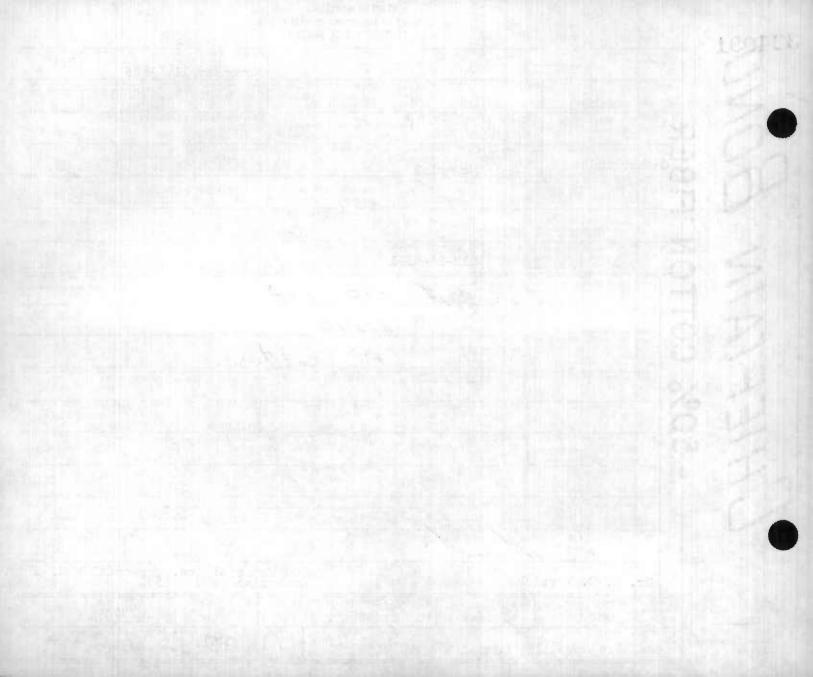
22c. DATE SIGNED

COUNTY

STATE

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502

09-19-1927 male white 76 CITIZEN OF WHAT COUNTRY? O. BIRTHPLACE ISTATE OF FOREIGN COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Allegany WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Cumberland research dept. Memoria1 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COUNTY
113c. CITY OR TOWN Allegany Cumberland 130 STREET ADDRESS / ZIP CODE 803 Fletcher Drive/21502 13d INSIDE CITY LIMITS? YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Robert F. Miller Beulah B. Bean 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER ARMED FORCES 212-24-0591 yes Mrs. Ruth L. Miller, Cumberland, MD - wife 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE ASCUD Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [] 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram, saw the deceased alive an abave, (1) (we) (did) (did not view the bedy after death and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME 22e ADDRESS 500 Memorial Ave., Memorial Med. Bldg. Cumberland, MD 21502



# FOR STATE

REGISTRAR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.	
E DEATH	MONTH	- 0

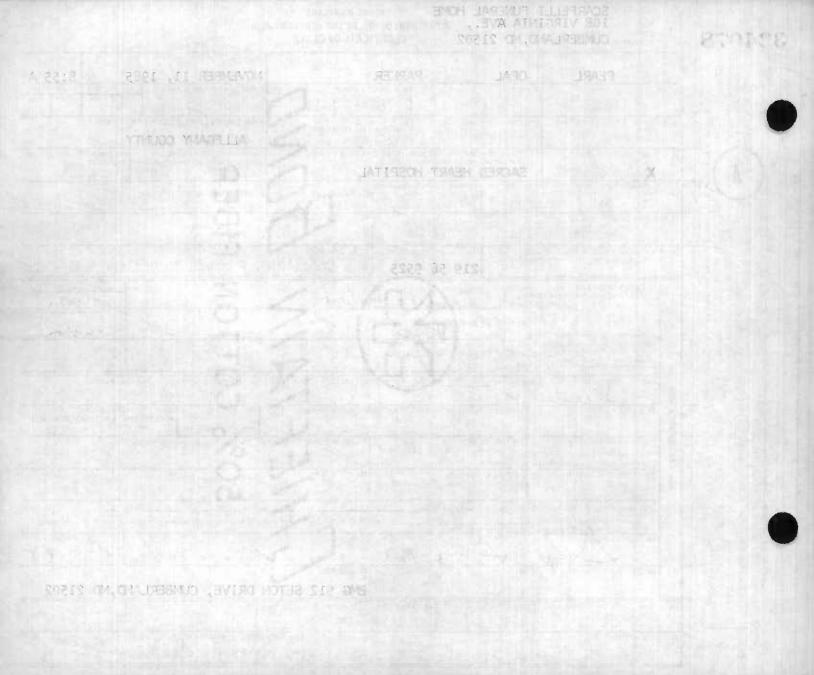
2b. HOUR
8:25A,

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

		EASED NAME	FIRST	MIDDLE			LAST Ze DA		20 DATE OF DEATH	MONTH I	DAY YEAR	2b. HOUR
	(TYPE	THC	MAS	FRAI	NKLIN		MOYER	3	NOVEMBER	18, 19	85	8:25A
	3. SEX			4 RACE		5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
	1	Male		White		Sep		1920	65	YRS	NONTHS DAYS	HOURS MIN.
1	7a BIR	OUNTRY)	OREIGN	Th CITIZEN OF V	WHAT COUNTRY?	8 MADDIE	NEVER	MARRIED -	9 BALTIMORE CIT	OR COUNTY	OF DEATH	
2		MD		U.S.A.		WIDOWE	DX D	IVORCED [	Allegan	y		м
7	0 CI	TY OR TOWN OF DEA	HTA		OSPITAL, NURSING		OR OTHER IN:	TITUTION	12a USUAL OCCUP			F BUSINESS OF
4	-	MBERLAND		MEMORIA	L HOSPITA	L			Ret. Pape			vaco
7	13a S	TATE	Miner	TY	13t CITY OR TOWN Piedmon	1	13d INSIDE YES [	CITY LIMITS?	13e STREET ADDRES E. Hamphi			6750
21	IA FA	THER'S NAME		AIDDLE	TAST	====	15. MOTHER	S MAIDEN NA	ME	PTE		
1		Frank		dward	Moyer			Ruth	Ne	11		Chell
-		AS DECEASED EVER			166 SOCIAL SECUR	RITY NO.	17. INFORM	ANT	ADI	DRESS 1450	Beaco	n Stree
5		Yes	WW	WAR OR DATES)	217-05-0	362	Ralph	W. Moye	er, Sr. K	eyser,	WV 26	726
		18 CAUSE OF DEAT			line for (a), (b), and	(C)					APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		CAUSE (o)	CARDICK	31925	ATTORY	ARRES	ST			
		the same of the		DUE TO OR	AS A CONSEQUE	NCE OF						
		Conditions, if any,			ASTRAE		AGRAL	HERE	RRHACE			
		gave rise to imm cause (a), statin	mediate ig the	DUE TO OR	AS A CONSEQUE	NCE OF			,			0.97.3
		underlying couse	lost		SOPILACE		GAR	RIC V	ALICSS			
Ī		PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	ONDITION GIV	EN IN PART 1	a
	CERTIFICATION							1571				
1	CA	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH (	OPERATIO .	N WAS PERF	ORMED	200 AUTOPSY?		, WERE FINDING CAUSES	
	RTE								YES NO	YE:	S 🗍	NO 🗌
1		21a ACCIDENT WAS UND		HOUR A.A	FINJURY M. MONTH DA'	Y YEAR	21c HOW I	NJURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18 P.	ART I OR PART 21	
7	MEDICAL	(IF EITHER NOTIFY MEDI		P.A	۸,	19						
	ED	21d INJURY OCCURE		21e PLACE C	OF INJURY	PAR ETC 1	21f LOCAT		CITY OF	RIOWN	COUNTY	STATE
	2	AT WORK AT WO	RK R									
		220   certify that (1)	(this hospite	ol) ottended the	deceased from				, to	,	19,	that (1) (we) las
		sow the decease above, (1) (we) (c	ed alive on_ did) (did not	view the body	ofter death.	or	nd that in (my	) (aur) opinion o	death accurred on the	date and have	and from the	couses stated
		226. SIGNATURE		11111	L Ta		DEGREE				22c DATE	
	1	Wex	eu	W ~	をしてイバ		107				184	W85
		22d PHYSICIAN'S NA					22°925°E	Bishop	Walsh Dri	ve		
		Dr. Willi	am W.	Mark,	Jr.		Cumb	erland,	Maryland Maryland	215	02	
ı		URIAL, CREMATION,	REMOVAL	23b. DATE				CREMATORY	23d LOCATION		COUNTY	STATE
		Burial		Nov 20	1985 Pot	omac	Mem.	Tardens	Keyse		Mineral	L WV
	24 FU	NERAL DIRECTOR			ADDRESS			250. DATE	REC'D. BY REGISTR	AR 256. REGISTI	200	
	A.	Craig Ro	truck	85 S. M	lain ST Ke	eyser	, WV	MOA	25 温节	girle Dev	14000-101	notett
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND 1 - STATE OF THE ALL HOMEDEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE OF THE ALL HYGIENE OF THE ALL HYG

	REGISTRAR - 50	TALL MAL	COMPLKE	ונישאר	EATE OF PEATE	REG. NO	).				
	CEASED NAME FIRST	WI	DDLE		AST	20 DATE OF DEATH	HINOM	DAY YEAR	2h HOUR		
	HEN		ROLLA		JPE	NOVEMBER			10:154		
3. SE	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS			
	male	white		0	6-01-1901 YEAR	84	YRS		MODES MIN.		
7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF W	HAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNT	Y OF DEATH			
	MD	USA	900000	WIDOWE		ALLEGANY	COUN	TY	MD.		
10 C	ITY OR TOWN OF DEATH		DSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATION			OF BUSINESS OR		
	Cumberland	SACRED	HEART H	HOSPIT	ΓAL	retired			tile		
USU 13a.	STATE ADD ALL	egany	ive residence before 13c. CITY OR TOWN Cumberl	N .	138 INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 227 Hend	ZIP COD	Avenu	e/21502		
14 F	ATHER'S NAME Henry Paup	NIDDLE	LAST		15. MOTHER'S MAIDEN NAM	a Ritter		t/	AST		
160.3	WAS DECEASED EVER IN U.S. ARA		66 SOCIAL SECUI	DITY NO	17 INFORMANT	ADDRE	55				
		WAR OR DATES	214058			ia Coyle, L		e, MD -	daughter		
	18 CAUSE OF DEATH lEnter onl PART I DEATH WAS CAUSED	y one couse per li BY: CAUSE (o)	ne for (a) (b), and	lio a	John atmy	Farling	2_	BETWEEN	XIMATE INTERVAL NONSET AND DEATH		
H	Conditions, if ony, which gove rise to immediate	y Edema			Der	rent					
	couse toi, stoting the underlying couse lost.  (c)  DUE TO, OR AS A CONSEQUENCE OF heart Forbule										
NOF		Micema	, Ren	al to	whe. Car	cinua Pro	81th	EVeir.	D.V.T.		
CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE 'ES	INGS USED S OF DEATH? NO [		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL  (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M	MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)			
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE O	F INJURY IT, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET	CITY OR TOW	νN	COUNTY	STATE		
1	22a.1 certify that (1) (this hospit sow the deceased alive an above, (1) (wanted) (did not	1110	19 ~	9/ 	nd that in (my) (our) opinion o	deoth occurred on the do	te ond ho	0 1	that (I) (cus) lost		
	22b. SIGNATURE	m-ll	'n	178		MEDICAL STAF		23c DATE	11/85		
	SIKANDER SAN		D.		22e ADDRESS 48 TARN AV	E, FROSTBUR	G, MI	0.21532			
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236 DATE 11-06 .1			EMETERY OR CREMATORY Paul: Cemeter	y Cumberla	and	Allegar	ny MĎ		

DHMH - 16 60M 7/84

BP\_

(VRA 15, 4)

James F. Scarpelli, Cumberland, MD 21502

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



PERSPECT PRESENTATION OF THE PROPERTY OF THE PERSON OF THE 198 VIRGINIA AVE. CHARRILAND MOUNT IN 18:00

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SINAMORE SHOWING

SACRED HEART HOSPITAL

ARREAL TELEVISION

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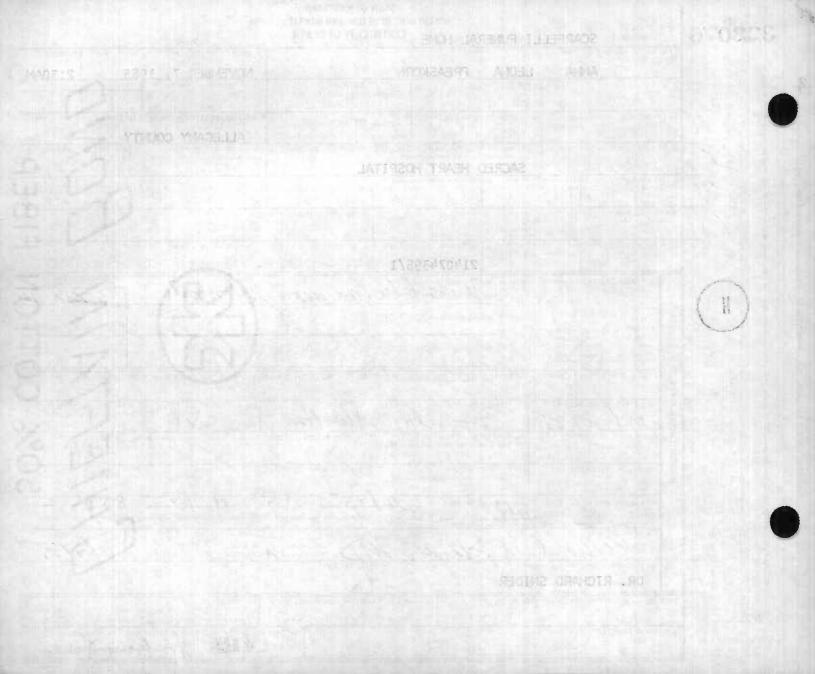
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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR SC	ARPEL	LI FUNER	RAL HOME	CERTIF	ICATE OF DEATH		REC	6. NO.		
		CEASED NAME OR PRINT)	FIRST	A	MIDDLE	ı	AST		20. DATE OF DEAT	H MONTH	DAY YEAR	2b HOUR
		AN	NA	LEONA	PREASKO	RN			NOVEMBE	R 7. 19	985	2:30AM
	3. SEX	K		4 RACE		5 DATE C		- 1	6. AGE IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
1	1	female		white		NONII	4-24-1910	к	75	YRS.	JATS	MIN MIN
1	7a. BIF	RIHPLACE STATE ORF	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED		BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
		PA		USA		WIDOWE			ALLEGA	NY COU	VTV	MD.
	10. CI	TY OR TOWN OF DEA	TH				ROTHER INSTITUTION	N	12a USUAL OCCUI	PATION	12b, KIND C	F BUSINESS OR
2		Cumberland	30-15	SACREI	HEART H	OSPIT	AL		ret.	OST OF WORKING	tex	tile
5		AL RESIDENCE (IF NURS STATE MD	136 COUP		GIVE RESIDENCE BEFORE  13c CITY OR TOW  Cumber1	N	138. INSIDE CITY LIMI YES [X NO [		13e STREET ADDRE 551 Mai	ss / ZIP COI	Potoma Avenue	c Park 21502
1	14. FA	THER'S NAME		MIDDLE	LAST	47	15 MOTHER'S MAIDE	EN NAM	E MIDD	ı f	LAS	
			Ross	Lear	****		(nn	mn)				
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		AE	DORESS	19.37	
	- {1	NO OR DAKNOWN)	(IF TES, GI	AE MAK OK DATES!	21407439	8/1	Mr. Charle	es H	. Preasko	orn, Cu	mberlan	d, MD
		18 CAUSE OF DEAT	H (Enter ar	nly ane cause per	ting for (a), for, an	ofcor!			1	7	APPROX BETWEEN	MATE INSERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Me tostate Callenopea gestoman									3	Kronthe
				DUE TO, OI	R AS A CONSEQUE	NCE OF		X				
		Canditions, if any,		(b)							1000	
		gove rise to imm cause (a), statin	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF				4 7		
		underlying cause	lost	(c)								
	7	PART 2 OTHER SIGN	NIFICANT (	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	ETERMIN	VAL DISEASE OR C	ONDITION G	IVEN IN PART 1	а
	CERTIFICATION			T					To	Lan IF V	CC LUCRE EN IC.	
2	FICA	190 DATE OF OPERAT	ION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	INCERT	IFYING CAUSES	OF DEATH?
)	RT	10100	18	7 21b. TIME O	300e	00	13) HOWALLINE		YES NO	7	res 🗌	NO [
2		OR CONTRIBUTING	-			AY YEAR	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
Z	MEDICAL	(IF EITHER NOTIFY MEDIC				19		155				
	MED	21d. INJURY OCCURE		21e PLACE (	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION		CITY	ORTOWN	COUNTY	STATE
		AT WORK AT WOL	RK			10	/		.,	1-		31 146
		220.1 certify that (II		/ /	e deceased from _	850	nd that in (my) (our) ap	A D	to	a data and h		that    (we) last
H				view the bady	after death.	, ,		pilliali de	edin decorred dir n	ie dale dila no	22¢ DATE	
	-0	128 SIGNATURE	1.	01,	8. 0	- 7	DEGREE	ING _		STAFF	IN DATE	JIGNED -
4		22d PHYSICIAN'S NA	AME LIVER	OR PRINT)	Elipe	1. 10	PHYSICI 22e ADDRESS	IAN A	DIRECTOR   PH	YSICIAN [	1 (1)	7/83
		DR. RICH										
14		BURIAL, CREMATION,	REMOVAL	. 236 DATE	23c. h	NAME OF C	EMETERY OR CREMAT	TORY	23d. LOCATION	N	COUNTY	STATE
	-	Burial	DV 9	11-10	-1985 S	unset	Memorial F	Park	Cumber		llegany	MD
	24 FL	UNERAL DIRECTOR	1117		224900A				REC'D. BY REGIST	RAR 255 REGIS	TRAR'S SIGNAT	URE
		James F. S	Scarp	elli, Cu	mberland	, MD :	21502	AA T		yuna,	very door-f	and see

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DURST FUNERAL HOME DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH 7h HOUR DECEASED NAME LIVPE OR PRINT! ROBERT PRESSMAN **FMMFTT** NOVEMBER 23. 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 3 SEX 5. DATE OF BIRTH 80 White Feb. 21. 1905 Male BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. ALLEGANY COUNTY Maryland WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Tire Builder Cumberland SACRED HEART HOSPITAL Tire Col SUAL RESIDENCE IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 136 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE St., 21532 Frostburg Maryland Allegany 15. MOTHER'S MAIDEN NAME FATHER'S NAME Farrelliast Margaret Pressman Henry ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) IYES NO OR UNKNOWN Anna M. Pressman, Same as 130 No 220-10-1377 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for to I, (b), and Ici IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY TIL HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIFEITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from\_ sow the deceased olive on ond that in (my) (our) apinion death accurred on the date and hour and from the causes stated DEGREE 22¢ DATE SIGNED 22b. SIGNATUR ATTENDING PHYSICIAN CORECTOR 22d PHYSICIAN'S NAME LITYPE OF PRINTI 909-B SETON DR., CUMBERLAND, MD. 21502 DR. JOHN MEHANNA, M.D. 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236 DATE (SPECIEV) St. Michaels Cemetery Frostburg, Allegany,

Se DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATU

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

Durst Funeral Home, Frostburg, Md. 21532

24 FUNERAL DIRECTOR

Do Rutt date other and live For early consider and the second of the sec The contract of the contract o 280-10-1577 (LEDIL 4. Free F. L.) 1 Me 14 1.70 The second of th DR. JOHN HOMMHA, MINISTER WILLIAMS SETTINGE, CHARGELAND, NO. 21502 Dungers and a state of Memery Constant Postoner, Manney M. Durant Summer of Holes, Breakings, 12. 31 Feb. 1. Combine Summer

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

Representation of the contract of the contract

#### - STATE REGISTRAR

I DECEASED NAME TYPE OR PRINTS

To BIRTHPLACE

4 FATHER'S NAME

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REED

07-30-1905

MARRIED NEVER MARRIED

5. DATE OF BIRTH

RF	G	N	0.

	REG. NO.					
	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOL		
	November 18, 19	11:50 <sub>Am</sub>				
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR		IF UNDER 24 HRS		
	80 YRS	MONTHS	DAIS	HOURS	MIN.	
	9 BALTIMORE CITY OR COUNT Allegany	Y OF D	EATH		MD.	
1	120 USUAL OCCUPATION		126 KIND OF BUSINESS OR			

10 CITY OR TOWN OF DEATH Cumberland

male

Memorial Hospital

15 MOTHER'S MAIDEN NAME

Route 4 Box 370A/21502

Joseph Reed 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY

**EDWARD** 

Allegany

18 CAUSE OF DEATH (Enter only one cause per lyne far (a), (b), and (c)

4. RACE

white

76. CITIZEN OF WHAT COUNTRY?

USA

166 SOCIAL SECURITY NO 236-14-6797

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Cumberland

17 INFORMANT

retired

MIDDLE (nmn)

Mrs. Carol A. Lantz, Cumberland, MD-daughter

Conditions, if ony, which gave rise to immediate

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ

CONSEQUENCE OF

190 DATE OF OPERATION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS

HOUR A.M. MONTH DAY YEAR 211 LOCATION AT HOME STREET FARTORY, OFFICE FARM, ETC )

and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated DEGREE

ATTENDING . ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22¢ DATE SIGNED

farming

Dr. Howard Diener

Cumberland, MD 21502 23c. NAME OF CEMETERY OR CREMATORY

Davis Memorial Cem.

Cumberland

Memorial Hospital Medical Bldg.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Burial

James F. Scarpelli, Cumberland, MD 21502

**IFICATION** CERT

210. ACCIDENT WAS UNDERLYING

MEDICAL

21d INJURY OCCURRED

22a I certify that (1) (this hospital) attended the deceased from

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

21e PLACE OF INJURY

MPORTAN

poge 3

Dearberry

## - STATE

I. DECEASED NAME (TYPE OR PRINT)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.						
_		AY YEAR	26 HOUR 2:21				
	November 29, 19	85	A. M				
		ONTHS DAYS	IF UNDER 24 HRS				
	64 YRS	ONIHS DATS	HOURS MIN.				
П	9 BALTIMORE CITY OR COUNTY OF DEATH						
	Allegany		MD.				
	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE		F BUSINESS OR				
	Housewife	OWI	n home				
S?	13. STREET ADDRESS / ZIP CODE 48 Browning S	treet/2	21502				
N NA	(UWU)	LAS	1				
	ADDRESS						
t H	1. Ricker, Sr., Co	umberla	ind, MD-si				
u	arest	APPROXI BETWEEN	MAYE INTERVAL DNSET AND DEATH				
gv	idial infent	kin					
	U						

CATHERINE BEATRICE RICKER 3 SEX 4. RACE 5. DATE OF BIRTH female 01-26-1921 white TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED NEVER MARRIED USA WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cumberland Memorial Hospital 136 COUNTY Allegany Cumberland MD 14 FATHER'S NAME 15. MOTHER'S MAIDE Joseph Riggs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-44-0661 Mr. Rober 18 CAUSE OF DEATH (Enter only one couse per Me Joi 10), (In PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 786. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE, FARM, ETC 1 WHILE NOT WHILE 220.1 certify that W (this hospital) attended the deceased from sow the deceased alive an above, (1) (we) (did) (did not) view the body of (our) opinion death occurred on the date and hour DEGREE 22c DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Memorial Hospital Medical Building Dr. S. Nathan Cumberland, MD 21502 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL

W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

50

Burial

24 FUNERAL DIRECTOR

12-02-1985

James F. Scarpelli, Cumberland, MD 21502

Restlawn Memorial Pk.

Cumberland

MD ATTegany

STATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND



325108		FOR STATE			ST DEPARTMENT O DICAL EX AMI	F HEALT			£ 5	2 9	7 1 5
	1. DE	CEASED NAME PE OR PRINTERVIN	FIRST (Irv	vin) Rich	WIDDIE		LAST	EOFDEA	20. DATE KNOWN OF ESTI- DEATH MATED	33	12 85 3 1958
NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W PRESTON STREET,	3. SE		ite	June 23	6. AGE (IN 1930-55				2c. DATE PRONOUNCED DEAD	Nov. 12	DAY YEAR BUR AND NA
NEGESSA FUNERAL 5 FOR Y 5 WITHIN WE PREST	FC	RTHPLACE (STATE OR DREIGN COUNTRY)  Maryland		76. CITIZEN OF WE		WIDO		ORCED		egany	Y OF DEATH  MD.
ELAY IS TO THE I PAGE DS. 201	0	ity or town of de cumberland		742 Mar	PITAL, NURSING HO	S)	HER INSTITUTION	12a. USL FOR A <b>n/</b>	JAL OCCUPATION MOST OF WORKING LIFE) BL	(TYPE OF WORK	OR INDUSTRY
P. 21201 IF ANY DELA IF AND 3TO I. RETAIN P. SHOULD BE IL RECORDS.	130 S	AL RESIDENCE (# INN TATE Caryland	13b COUNTY Alle		13. CITY OR TOWN		134. INSIDE (ITY LIM YES NO	130. ST9	42 Maryl	and Ave	21502
DEATH. GES 1, 2 M PM 3 AND 2 OF VITAL			erman l				15. MOTHER'S A	Helen		patrick	
BALTIMA GIVE PA GIVE PA GIVE PA GIVE PA MITH FOR WISION	160 \	WAS DECEASED EVER (ES, NO, OR UNKNOWN) NO	(IF YES, GIVE W	AR OR DATES)	214-28-	7071		sie Ma	ttingly,		Sister Land, Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON STATES OF THE WORD WE EXECUTED WAS TRITING THE WORD "FENDING". IN PEDICAL EXAMINED TO THE CHIEF MEDICAL EXAMINED TO THE CHIEF MEDICAL EXAMINED TO THE CHIEF MEDICAL EXAMINED TO THE CHEATTH AND MENN HYGIFE OF PRESTOR TO BURIAL, CREMATION, OR PRESTOR TO BURIAL, CREMATION, OR PRESTOR TO THE WORD T		Conditions, if gave rise to cause (a) statin lying cause last	ony, which immediate g the <u>under-</u>	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TE	s Cel	l Carcino		lung		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Five Months
HAL RECCHOULD BE WEND "PEND "HEF MED "HEF MED OF HEALT OF HEALT OF HEALT OF HEALT OF HEALT OF HEALT OR "MINI" OR "MI	CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH OP	ERATION V	VAS PERFORMED?				20 AUTOPSY?  YES NO 🔏
FRTIFICATE SI ING THE WO ED TO THE CO SHOULD BE EPARTMENT PRIOR TO BU	MEDICAL CERT	210. EXTERNAL CAU UNDERLYING  CONTRIBUTING	OR CAUSE OF DE	EATH P.M.	MONTH DAY YE	AR		URRED LENTERN	HATURE OF INJURY IN ITE	M 18 PART 1 OR PART	
DIVISION WRITING WARDED AGE 3 SI (ATE DEP)	MED	214. INJURY OCCUP WHILE NOT AT WORK AT V	WHILE O	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		OCATION STREET		CITY OR TOWN	COUN	NTY STATE
HCAL EXAMNER: SHOULD BE FORVERAL DIRECTOR: GEATH, WITH THE S' ONE, MARYLAND,		22a. I certily that death resulted from ACTUAL SIGNATURE	n: Natura	· Ma	trangel	Suicide	Hamicide [ TITLE (SPECIF Deputy	Y) 7 MEDI	Inquiry X, ermined manner	and in my apir	11-12-1985
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERAL I A FTER DEATH, BAILTMORE, M	23o.B	(TYPE OR PRINT)  URIAL, CREMATION,			rangelo M		ADDRESSOR CREMATORY		CATION	erland,	Md. 21502
BP	l i	Burial UNERALDIRECTOR NAME James		11-15-198	35 Mt. He	rman (	Cemetery	Cii	REGISTRAR 256. R		
(VR A15 ME (5)) 15M 2/80						~-	-502	. 419, 10	Silia	Mandon	dendall "

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Trays, brackers

Carte College Harrison was tree and the college and the colleg James V. Destroding Affection . Second

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	y	FOR STATE REGISTRAR		DEPARTM	LENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE B S	an a	9	1 0
V		CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH MONTH	YAC P	YEAR	26 HOUR
4		RUTI	1	Ann	SCH	ADE	11	30	85	1618H ,
N	1. 50	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UP	NDER I YEAR	IF UNDER 24 HRS
,	2	FEMALE	WHITE		07	20 05	79 ,	rRS.	H3 DAYS	HOURS MIN.
2	7a Bi	IRTHPLACE (STATE OR FOREIGNE COUNTRY)		WHAT COUNTRY?	MARRIE WIDOWE		9 BALTIMORE CITY OR CO ALLEGANY COUN		DEATH UMBER	RLAND MD
0	an	ITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET A	SPITA	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		26. KIND O	PER BUSINESS OR Home
6	ylle.	.Va	ral	HA CITY OF LOW!		YES DI NO []	0.STREET ADDRESS / ZIP	on∈ St	99	1999
4		ather's NAME rank first I.	Fisher	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE	Du	ıncah°	if
5			RMED FORCES? IVE WAR OR DATES)	216-07-6		Norris Schade	ADDRESS 416 S. Main	St,Ke	yser	, W.Va.
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	PR AS A CONSEQUE		9	Chrie.			
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO D			20a AUTOPSY? 20b.	IF YES, WE	ERE FINDIN	NGS USED
-	STEP						YES NO NO	YES [		OF DEATH?
1	MEDICAL CE	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A	DFINJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1	ORPART 2)	
	MEDI	21d INJURY OCCURRED  NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE, FA	RM, ETC )	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
	×	220.1 certify that (1) (this hosp saw the deceased alive a above, (1) (we) (did) and n	n	19	, an		, ta leath accurred an the date an	, 19 d haur and		that (1) (we) last causes stated
		226 SIGNATURE	The			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		11/	30/85
		N.A. RANJITHAN	M.D.			MEMORIAL HOSE	PITAL MED BLDG	/CUMI	BEA	HO MD
		BURIAL, CREMATION, REMOVA BUTIAL	236 DATE Dec.3,			emetery or crematoryem. Gardens	Reyser Mi	neráj	UNIY W	.Va. STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

14 FUNERAL DIRECTOR & MG,
MARKWOOD/MCKENZIE

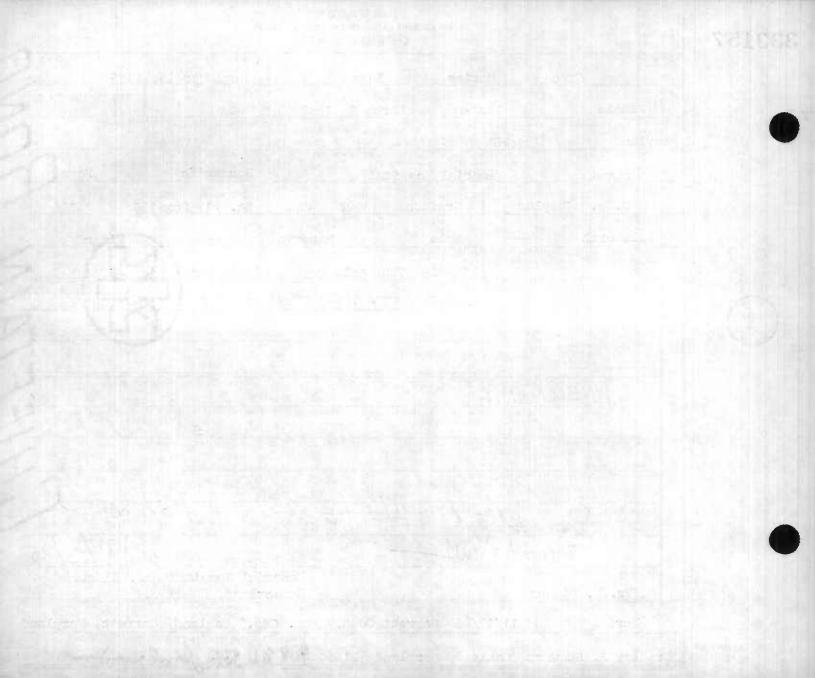
34	6018	1.	FOR - STATE REGISTRAR	<u>il</u>		DEP	ARTMENT	OF HEALTH	AND ME	NT AL HYGI		REG.			2	
1	may be ter death		CEASED NAME (DA	FIRST PLLA	RACE	R.	SA	ATE OF BIRT	ER_	YF AR	1	OF DEATH	30	IF UNDER 1 YE	5 (	UNDER 24 HRS
	I director hours of		IRTHPLACE I STATE OR FO	REIGN 71	CAUC CITIZEN OF	WHAT COUN	JTRY? 8	1ARCH ARRIEDXX	13	1902	9. BALTI	NORE CITY	YRS.	Y OF DEATH		JONS MIN.
	Pin 72		PA PA		USA		WIE	OOWED	DIVO	RCED _		Alleg				MD.
201	by the filed with		Cumberland		Cumbe	rland	Nursi	ng Hor		UTION	(TYPE OF V	ork for Mos etire	TOF WORKING	IFE) INDUST	RY	aper
AND 21	in 24 hor y filled in hould be	13a.	MD	3b COUNT Alle	Y	13c CITY OR	rown	13d II YES	-	10 🗆	Mt	. Ple	s asant	Road/2	150	2
MARY!	ompletel ond 2 s		ATHER'S NAME FIRST Wallace	ce Sh		LAS			FiR	Ste	lla		DRESS		LAST	
BALTIMORE, MARYLAND 2120	B Y		no	(IF YES, GIVE	WAR OR DATES)		)5-645		rs. M		G.					MD-wife
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA	that the death certificate  I by the attending place and a construction or remove cortists and a contract of the contract of t		Conditions, if ony, gove rise to imme couse (a), stating underlying couse	MMEDIATE which	DUE TO, O	R AS A CONS	CO P.							BETWE	EN ONS	É INTÉRVAI ET AND DEÀTH
ORDS, 20	requires the signed to Then pla or to burn y injury, o	TION	PART 2. OTHER SIGNI		Ceret	ins	ula	a di?	real							
AL REC	the low cion.  The hos be so is a permit gene print shows on the shows of the shows on the shows of the shows of the shows on the shows of the shows	CERTIFICATION	19a DATE OF OPERATH			ITION FOR W	HICH OPE			See	YES [	NO NO	IN CERT	ES, WERE FIN IFYING CAUS 'ES	SES OF	
/ISION OF VI	the buriol-fronsi ond Mental Hygist	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOT IFY MEDIC A  21d. INJURY OCCURRE WHILE NOT WHILE	USE OF DEATH	P. 21e. PLACE	M. MONTH	DAY	YEAR 19	OCATION STREET		ED (ENTE	CITY OR		PART 1 OR PART	21	STATE
	OR ATTENDING e hospital or o DIRECTOR. Afte sched for use os Dept. of Health f frem 21 is mork		22a I certify that (I) (1 sow the deceased above, II) was did	this hospito	11/20		from 19	ond that	ħ	-	/			, 19 our and from		
	etoined by the TO FUNERAL D should be detoc		224. PHYSICIAN S NAM	grand of the state	FACI	705		140	ATT PH	Sch	MEDIC DIRECT	AL SOR PHY	aff SICIAN []	eila	13°	185
	BP		Burial CREMATION, R  (SPECIFY)  Burial	EMOVAL	236. DATE 12-03-	-1985		OF CEMET		ery	Cu	mberl		11egan	4	MD
DH	MH - 16 50M 4/82 (VRA 15, 4)	24 F	UNCKAL DIRECTOR	044	41,0	Cumber̃l	ľänd,	MD 21	502	250 DATE	REC'D. E	Y REGISTR	AR 256 REGIS	TRAR'S SIGN	ATUR	المالية

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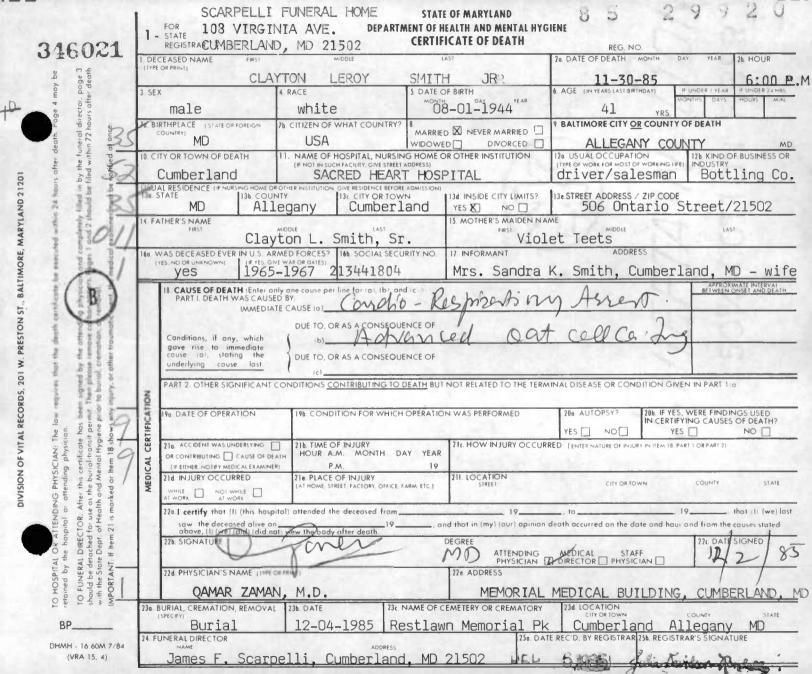
(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 337101 20. DATE KNOWN TX MONTH I. DECEASED NAME 2b. HOUR Sisler Hazel M . 11-19, 85 DEATH MATED 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 3. SEX PRONOUNCED NOV. Apr. 14. White 1910 Female 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED West Virginia USA Allegany DIVORCED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION LTYPE OF WORK Garment Co. Memorial Hospital Cumberland USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 336 INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Maryland NO X none 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Cleophus Moore Lottie Cross 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT Mrs. Marie Taylor. Oldtown, Md. Sister HE YES GIVE WAR OR DATES 217-28-9485 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY:

Arteriosclerotic Cardiovascular Disease APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 18 CERTIFICATION E DEPARTMENT OF HE 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211. LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK X 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection Natural couses Hamicide Undetermined manner deoth resulted from: PAGE 4 SHOULD E Deputy 11-19-1985 ACTUAL SIGNATURE MEDICAL EXAMINER TER DEATH SIGNED 900 Seton Drive, Cumberland Md.21502 EXAMINER'S NAME Francisco Reyes. (TYPE OR PRINT) 23c NAME OF CEMETERY OF CREMATORY
Indian Mound Cemetery 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION STATE Romney, W.Va. 11-23-1985 Burial RAR 25 REGISTRAP'S SIG Scarpellis Cumberland, Md. 21502 DHMH-17 VR A15 ME (5)

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50,200		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
7 50 E		MAGG:		SM	IITH	NOVEMBER 2	6, 1985 12:
ou d	3 SEX		4 RACE	S. DATE	OF BIRTH THE DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS
6 91	200	emale	white		03-11-1904	81	YRS
185		RTHPLACE (STATE OR FOREIGN OUNTRY) WV	76 CITIZEN OF WHAT COUNT	WIDOW		ALLEGA	NY COUNTY
11/1/2		Cumberland	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S SACRED HEAR	T HOSPI	TAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O housewif	DE WORKING LIFE) INDUSTRY
	13a S	MD 136 COL	or other institution give residence a unity 13c city or tallegany Sprin	OWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS NONE	
1 1////		THER'S NAME FIRST Robert M				ie Teeter	LAST
1			GIVE WAR OR DATES)		17 INFORMANT	, ADDRI	
( Bi) /	-	no I	[214-16		Mrs. Rebecc	a Zimmerman,	Oldtown, MD-daug
~			only one cause per line for (a), (b) SED BY  IATE CAUSE (a)	estive	Heart Fuilu.	· e	Y CY S
the death of the attender transfer, as transments		Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	iro selen	tic Corongry	arten disc	ras years.
gred by en please build, or ury, or oth	2	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING		I NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE			20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
SCIAN 1 a physical conficultions conficultions conficultions conficultions	CAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	
MG Phris	MEDI	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT MOME STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	
ATTENDE COR A COR A 1 for use 2 l is m		22a I certify that (I) (this has saw the leceased live above (I) we click	spital) attended the deceased from 26 New 26 New the body after death		nd that in (my)(aur) apinia	n death accurred on the de	that the causes state
TAL OF TAL DRE Setoche detoche Mi if he		224 PHISK IAMS NAME (THE	Delin	9		MEDICAL STA	22¢ DATE SIGNED  11-26-8
coned to the second to the second be the second be the second to the sec		THOMAS DEVL			220 ADDRESS 55 JACKSON	STREET. LON	ACONING, MD 21539
MA TERRE	23a B	URIAL, CREMATION, REMOVA	AL 23b. DATE	3c NAME OF	EMETERY OR CREMATORY	23d LOCATION	
	230 0	MERN				CITY OR TOWN	COUNTY STA

EdPagg 5 Sunday was the second of the second

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIR	Joser	oh .	20. DATE OF DEATH MONT	10 (100K
T.	eonard J.	Stegmaier	November 28,	1985   12:40p.
SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	
Male	White	Dec. 23, 1925		YRS MONTHS DAYS HOURS MIN
BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	
Maryland	U.S.A.	WIDOWED: 1 DIVORCED	Allegany Co	ounty
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OF
Cumberland	Momorai al Hoga	ital & Med Center	TYPE OF WORK FOR MOST OF WOR	KING LIFE) INDUSTRY
	-			
USUAL RESIDENCE (IF NURSING H	ON OR OTHER INSTITUTION GIVE RESIDENCE B		Rt. 2 BOX	CODE 04 5 0 0
laryland A	(legany Cumbe:	rland YES NOTA	Rt.2 Box	21502
FATHER'S NAME		15. MOTHER'S MAIDEN		
Joseph	V. Steam	maier Heler	n Marie	Lindher
-			ADDRESS	327 Fort Hill
60 WAS DECEASED EVER IN U	YES GIVE WAR OR DATES)			
Yes NO OR UNKNOWN) (IF	1955 214-28	-6957   Michael I	L. Stegmaier	Cumberland, M
IN CAUSE OF DEATH (E)	iter only ane cause per lipe for (a) Ab	and so		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS C	AUSED BY.	nenew exp	-00 -0	
1 29x m	EDIATE CAUSE (a)	and the same	- / /	TO THE PARTY
0103	DUE TO OR AN A CONSE	ONENCE ON	11.	The State of the August 1997
Canditians, if any, whi		I dend in	sufference	The state of the s
gave rise to immedia cause (a), stating t		QUENEFOF	2/11/11/11	
underlying cause lo	st Car	of resears (0	O Molyalah	sylving
PARIA OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	FRAINAL DIREASE OR CONDITIO	AKINEN WEPAUT I'M
No Beste		2 /20-	de la como ela	V.la
RALL	My delle	TICH OPERATION WAS PERFORMED	4 feets af 1	# YES WERE FINDINGS USED
190 DATE OF OPERATION	18 CONDITION FOR WE	ICH OPERATION WAS PERFORMED	28s AUTOPSV2 38s	CERUMING CAUSES OF DEATHS
= 10/00/0	615 W mx	uenix	YES NOT	YES   NO.
21g ACCIDENT WAS UNDERLY	NG 216. TIME OF INJURY	TIL HOW BUILTY OCC	URRED COOKS SATURGER HOUSE HAIT	EWARE FART   OR FART TO
OR CONTRIBUTING CAUSE			court to	1020 1000
(IF EITHER NOTIFY MEDICALEX		19 SAMON	Candle On to	of a content
216 INJURY OCCURRED	210 PLACE OF INJURY		///	a 1 commun bet
WHILE   NOT WHILE Y	A LAT HOME STREET, FACTORY, OF	ICE FARM ETC ) STREET	e p()/	1 COUNTY O MAINE
AT WORK AT WORK	AT HOME STREET, FACTORY, OF	CICE FARM ETC)	ell, Cumpan	and Md. Albas

ould be detached for use as the burial-tra MPORTANT. If Home BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 12/2/85 Burial

Dr. Fred Miltenberger

saw the deceased alive an above, (1) (we) (did not) view the body after death

14 FUNERAL DIRECTOR Leasure-Stein Funeral Home

230 Baltimore Ave. Cumberland, MD

736 NAME OF CEMETERY OR CREMATORY SS Peter & Paul's

DEGREE

236 LOCATION Cumberland

122 S. Centre St., Cumberland, MD 21502

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

(our) apinion death accurred an the date and haur and fram the causes stated

Alleg. MD

22c. DATE SIGNED

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0			
DECEASED NAME	FIRST	- 1	AIDDLE	-	LAST		2a DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
(TYPE OR PRINT)	Edith		М.	St	ephens			11	13	85	11:40
3.5EX		4. RACE		S. DATE C			AGE (IN YEARS LAST BE	THDAY)	IF UNI	DERIYEAR	IF UNDER 24 HRS
Femal	e	Whit	9	May	20.1896 YEAR		89	YRS		S DAYS	HOURS MIN
7a BIRTHPLACE   STA	ATE OR FOREIGN	76 CITIZEN OF		NTRY? 8	D NEVER MARRIED		BALTIMORECITY		_	HTAS	
Maryland		U.S.	Α	WIDOWE			Allegan	У			M
0 CITY OR TOWN O	FDEATH	11. NAME OF	OSPITAL,		OR OTHER INSTITUTION		12a USUAL OCCUPAT			L KIND C	OF BUSINESS OF
Cumberlan	d			Nursing I	Home		Homemake			Home	
SUAL RESIDENCE I	IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE	E BEFORE ADMISSION)	113d. INSIDE CITY LIMIT	752 I	3e STREET ADDRESS				
Maryland		egany		erland	YES NO		Lions Ma			1502	
IN FATHER'S NAME		MIDDLE	14	ASI	15 MOTHER'S MAIDE	NAM	E MIDDLE			14	51
Cathe		izabeth	Esc	henbach	MIchae	1	Joseph			Minke	
160 WAS DECEASED		MED FORCES?		L SECURITY NO.	17 INFORMANT		ADDR	ESS 126	509 I	N. C	resap St
No		-	299	-30-2265	Carol Savi	11e		Boy	vlin	g Gr	een. Md
18 CAUSE OF	DEATH (Enter an	ly one couse per				7					ONSET AND DEATH
PART I. DEA		E CAUSE (0)	1	nece	m ones	2					
The same		1			TOWARD WITH	- 10				- 10	No.
Condition of		DUE TO, OI	R AS A CON	ISEQUENCE OF							
Conditions, if		(b)_									
couse (a),	stoting the	DUE TO, OI	RASACON	SEQUENCE OF					75.4		
underlying	cause lost	( (c)									
PART 2 OTHER	SIGNIFICANT	ONDITIONS	ONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE	TERMIN	NAL DISEASE OR CON	DITION	SIVEN IN	I PART 1	0
8			- 150								
190 DATE OF O	PERATION	196 COND	TION FOR V	WHICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?				NGS USED
E .							YES NON		YES	CAUSES	NO T
190 DATE OF O	AS UNDERLYING			and the same of	21c. HOW INJURY OC	CCURRE	D (ENTER NATURE OF INJU			OR PART 2)	
00.000.000.000.000.00	CAUSE OF DEA	UM.		H DAY YEAR	-57 A ST T A						
CIFEITHER NOTIF	Y MEDICAL EXAMINER	21e PLACE		19	211 LOCATION			-			
The second secon	NOT WHILE			OFFICE, FARM ETC )	STREET		CITY OR TO	WN	(	OUNTY	STATE
AT WITH	AT WORK			. 10		70	11 10		-	0.5	
saw the de	of (I) (this hospi	-11-12	e aeceasea	from 12-	2.9		oth occurred on the d				that (I) (we) los
abave, (1) (	we) (did (did no	wiew the body	ofter deoth				com occorred on me d	die did ii			
226 SIGNATUR	176/1	7 -1		"	DEGREE ATTENDI	NG	MEDICAL STA	EE		22c. DATE	SIGNED
1	1100	Mer			PHYSICIA		DIRECTOR PHYSIC			11/	13/8
22d PHYSICIAN	N'S NAME (TYPE O	R PRINT)			22e ADDRESS						
Thad	ldeus H.	Elder,	M. D.		Lions Mand	or N	. H., Seton	Dr.	Cum	berl	and, MD
230 BURIAL, CREMAT	ION, REMOVAL	23b DATE			EMETERY OR CREMAT		23d LOCATION		(10)	INITIA	STATE
Burial		11-16-	-85		11 Burial E						)
24 FUNERAL DIRECT	or George	-Upchur	ch Fur	neral Hom	e, P.A. 250	DATE	REC'D. BY REGISTRAR	25h REGI	ISTRAR'S	SIGNAT	URE .
202 Green	ne Stree	t, Cumb	erlañ	1, Md. 21	1502	MUA	20 1985	3 5/12/	n la fai	307 V-35	Snolatile

DHMH - 16 60M 7/84 (VRA 15, 4)

in all director page 3

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE O DEPARTMENT OF HEA

SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIELCATE OF DEATH

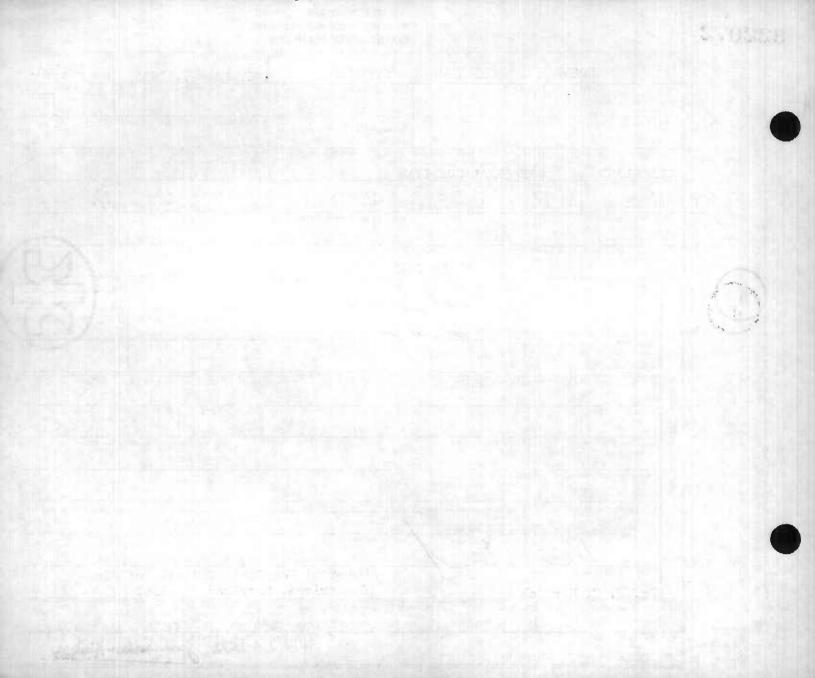
REGISTRAR				CERTI	CATE OF DEATH	REG. I	10.		
1. DECEASED NAME	FIRST	M	IDDLE	i.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	MES		ENNETH		EVENS	NOVEMBER			10:16A
3. SEX	4 R	ACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY) IF UN	DER I YEAR	HOURS MH
MALE		WHITE		NOV		69	YRS.		HOURS MI
To BIRTHPLACE (STATE OR	FOREIGN 76 C	ITIZEN OF V	VHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
MARYLAND		USA		WIDOWE	/\	ALLEGANY			
10. CITY OR TOWN OF DE	ATH 11.		OSPITAL, NURSING		ROTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST			F BUSINESS
CUMBERLAND			L HOSPIT			RETIRED C	ELENESE	SII	K
USUAL RESIDENCE (# NUR: 130 STATE MARYLAND	13b COUNTY ALLEGA		SIVE RESIDENCE BEFORE 136 CITY OR TOWN CUMBERLAN	٧	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 223 UNION		210	52
14 FATHER'S NAME	WIDDI		LAST		15. MOTHER'S MAIDEN N			LAS	
WILLIAM	MIDDE	STEV	/ENS		GERTRUDE		ANDERSO		
160 WAS DECEASED EVER	IN U.S ARMED		166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDI	RESS		14-3
YES OR UNKNOWN)	WW11		217-10-5	443	GAYLE STEVEN	S 223 UNION	ST CUMBI	ERT AN	ID MD.
18 CAUSE OF DEAT	H (Enter anly on	ne cause per l	ine for (a), (b), And	Ic.	/			BETWEEN	MATE INTERVAL ONSET AND DEA
PART 2 OTHER SIGN					NOT RELATED TO THE TER	MINAL DISEASE OR COM	1206. IF YES, WE		
TIFIC						YEXX NO	IN CERTIFYING	CAUSES	OF DEATH?
210. ACCIDENT WAS UNI		216. TIME OF	INJURY A. MONTH DA	V VEAD	21c. HOW INJURY OCCU		URY IN ITEM 18 PART I	OR PART 2)	
OR CONTRIBUTING		P.N		19					
(IF EITHER NOTIFY MEDI	HILE	21e PLACE C	DF INJURY ET, FACTORY, OFFICE FA	RM, ETC )	211 LOCATION STREET	CITY OR T	OWN C	OUNTY	STATE
220 I certify that (I)		attended the	deceased fram_		, 19	, ta	. 19		that (I) (we) I
saw the deceas abave, (1) (we) (-	ed alive an did) (did nat) vie	w the body o	ifter death.	, an	d that in (my) (aur) opiniar	death accurred on the	date and hour and	fram the	causes stated
22b. SIGNATURE	110	: 1	/	(	DEGREE			22c. DATE	SIGNED
/	H	NL	_//			MEDICAL STA	CIAN		8 1985
22d. PHYSICIAN'S N.	AME ITYPE OR PRIN	111	-	7.10	Memorial Hos		ical Buil	ding	
Dr. H. C.	Merric	k			Cumberland,	Maryland	21502		
230. BURIAL, CREMATION,			23c N	AME OF C	METERY OR CREMATORY	23d LOCATION	COL		
BURIAL	NO	OV 8 1	985 ROC	CKY GA	P VETERANS C	411.411.411			STATE IM VIAC
24 FUNERAL DIRECTOR						TE RETO BY REGISTRA			SCHAIL IN

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove is with the State Dept, of Health and Mental Hygiene prior to burial, cremation.

TO MOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital ar attending physician.

BP



### FOR - STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

70 BIRTHPLACE

30 STATE

MD

4 FATHER'S NAME

(YES NO OR UNKNOWN)

no

I CITY OR TOWN OF DEATH

3 SEX

EDITH

136 COUNTY

Allegany

Jehu Turner

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:

female

Cumberland

I STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

4 RACE

white

USA

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Memorial Hospital

STIMLER

08-28-1887

MARRIED NEVER MARRIED

YES X

17 INFORMANT

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN N

Miss Cather

. 0	ILIVE			
	REG. NO.			
	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOUB : 30
	November 6		1085	Δ Μ
11	6. AGE (IN YEARS LAST BIRTHDAY)	1F	UNDER I YEAR	IF UNDER 24 HRS
	98 yrs	MOI	NIHS DAYS	HOURS MIN.
7	9. BALTIMORE CITY OR COUNT	TYO	FDEATH	
3	Allegany			MD.
	120 USUAL OCCUPATION	HEEL	126 KIND O	F BUSINESS OR
	retired			roducts
	13e.STREET ADDRESS / ZIP COL 551 Maryland	DE		
NA P			1000/ 2	1702
าท	Zais		LAS	
	ADDRESS			
ri	ne Stimler, LaV	al	e. MD-	daughter
			1 APPROXI	MATE INTERVAL DISET AND DEATH
3	7		DETAVEEN	JNSE! AND DEATH
-	Y	_		
			- 6	
_		-		
RM	INAL DISEASE OR CONDITION G	IVEN	IN PART 110	

cause (a), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE

CERTIFICATION

MEDICAL

00

MPORTANT

190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from

Conditions, if ony, which gave rise to immediate

> 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

WINONA

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13: CITY OR TOWN

LaVale

166 SOCIAL SECURITY NO

215-20-572

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

21f LOCATION

22e ADDRESS

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

and that in (my) (our) apinian death accurred an the date and have and from the causes stated

STATE

24 FUNERAL DIRECTOR

Dr. T. Williams

saw the deceased alive an abave, (I) (we) (did) (did not view it body attended)

Cumberland, MD 21502 23c NAME OF CEMETERY OR CREMATORY

ATTENDING

ATTENDING MEDICAL STAFF
PHYSICIAN FLORRECTOR PHYSICIAN F

20a AUTOPSY

NO

Memorial Hospital Medical Bldg.,

DATE SIGNED

BP.

DIVISION OF VITAL RECORDS.

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial

11-11-1985

Rose Hill Cemetery

DEGREE

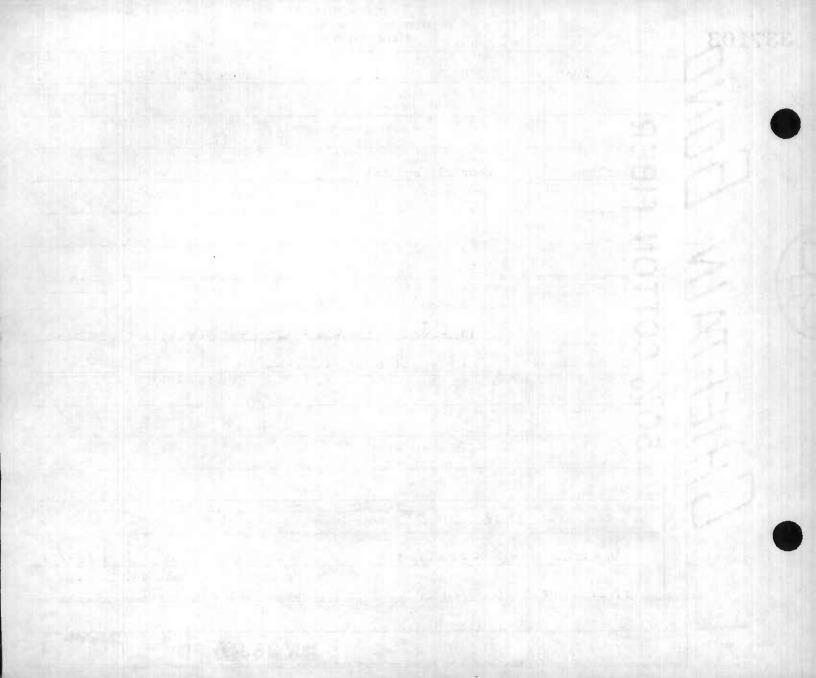
Cumberland

Allegany

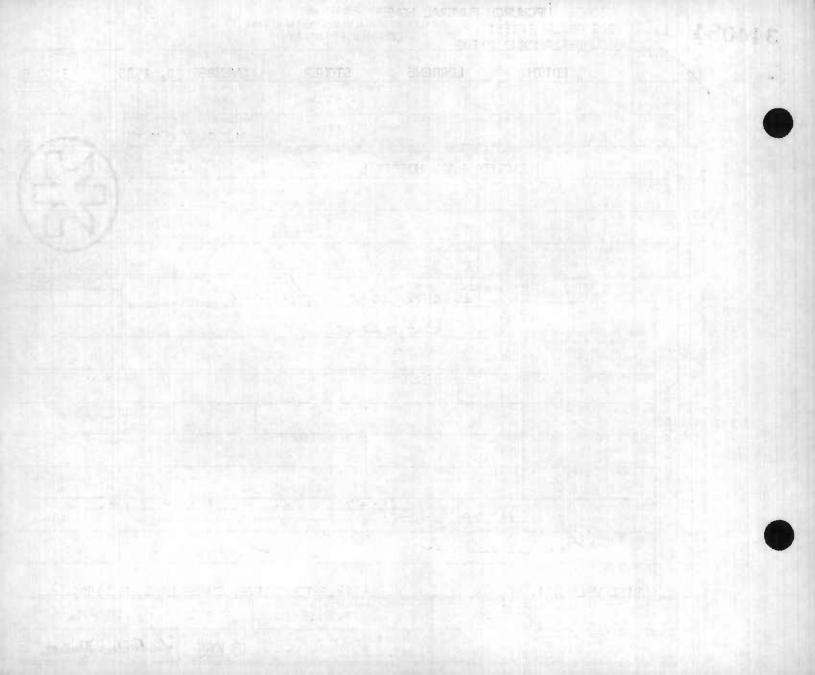
250, DATE REC'D, BY REGISTRAR 256, REGISTRANS

James F. Scarpelli, Cumberland, MD 21502

337103	L	FOR - STATE REGISTRAR		DEPA	RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 5	2 9	2 %	0
0 m=		PE OR PRINT)	R51	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOURS	:40
ay be age 3 death	-	AD.		ALICE		INE	November			• M
or. p	3 S		4 RACE		5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST B	IRTHDAY) IF UND	ER I YEAR IF UNDER 24	HRS
oge ones	1	FEMA LE	WHI			EMBER 7 1896	.89	YRS		
uneral a	W	SIRTHPLACE (STATE OR EORE COUNTRY) EST VIRGINIA	U	ISA	MARRI		BALTIMORE CITY Allega		EATH	MD.
by the filled with	1	Cumberland	(IF NO	TIN SUCHEACILITY, GIVE ST	Hospit	OR OTHER INSTITUTION  al	120 USUAL OCCUPA (TYPE OF WORK FOR MOST		KIND OF BUSINESS DUSTRY	OR
orthin 24 hourstely filled in 2 should be	M		HOME OR OTHER INSTITUTE OUNTY  ALLEGANY  MIDDLE	13t. CITY OR TO CUMBER	0 4414	13d INSIDE CITY LIMITS? YES NO THER'S MAIDEN NA	130 STREET ADDRESS RFD#3 BEDE	/ ZIP CODE	2151	2
P de /	1	BENJAMIN	mobile	BRADFIELD		AMANDA	WIDDIE	OMBS	LAST	
ond co		WAS DECEASED EVER IN I	J.S. ARMED FORG			17. INFORMANT	ADDI	RESS		
cate be executed within 24 systian and completely filled appers. Pages and 2 should vol.	-	IR CAUSE OF DEATH IS	nter anly one cau			WILLETTA HEAV	NER RFD#3	CUMBERI AN	APPROXIMATE INTERVAL BETWEEN ONSET AND DE	ATH
equires that the death ce is signed by the attending Then please remove carbon to burial, cremation, are	NO	underlying cause I	ote the DUE	TO, OR AS A CONSECTOR OF TO, OR AS A CONTRIBUTING TO TO TO THE TO TO TO THE TO TO TO THE THE TO THE TH	DUENCE OF	Cerebral C	INAL DISEASE OR COI	NDITION GIVEN IN	PARTIO	_
The law re- rcian.  Tet has been stit permit giene prior	CERTIFICATION	19a. DATE OF OPERATION	1 19b C	CONDITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH?	
SICIAN. ng phys certifico riol-froi entol Hy ltem 18	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OE DEATH HOL	IME OF INJURY JR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 OF	RPART 2)	
NG PHY other this os the but th and M	MED	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HC	LACE OF INJURY DME STREET, FACTORY, OFFI	CE FARM, ETC )	211 LOCATION STREET	CITY OR T	OWN CC	DUNTY STATE	E
OR ATTENDIO or e hospital or DIRECTOR. A public for use Dept. of Heal of them 21 is m		220.1 certify that (1) (thi saw the deceased a above, (1) (we) (did)			21 -	nd that in (my) (our) apinion o	to to	late and hour and t		last
74 74 9 7	1	226 SIGNATURE	21	Sace	~	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		collare Signed	10
TO HOSPITAL etained by th TO FUNERAL should be deta with the Store		Dr. T. E		OR. IAMES			orial Hospi perland, MD		Bldg.,	
5 5 5 4 ¥	23a.	BURIAL, CREMATION, REM			NAME OF	EMETERY OR CREMATORY	236 LOCATION			=
BP	-	BURIAL	NOV	21 1985 H	ILLCRES	T BURTAL PARK	CUMBERLANI	ALLEGAN	MADVI AND	)
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR SILCOX-MERRIT	T FUNERA	AL SERVICE	CIMBER	ZI AND MARVI AND	RECD BY REGISTRAT	14b. REGISTRARS	Adapt williams	



	80	EOD			FUNERAL	HOWE AT	EALTH AND MENT	AL HYGIE	ine of 5	En	7 7	do 1
344084	1 -		REEN S				ICATE OF DEAT					
0 1 0 0	1/05	REGISTRAR CUMB	ERLAND	MMD 21	502		AST		REG. NO	D. MONTH DA	Y YEAR	26 HOUR
" m = //		OR PRINT)	ETT T TT I		LODDEN			-				
deo deo	0.05		EDITH	RACE	LORREN	S. DATE C	STONER		NOVEMBER 3		UNDER I YEAR	5:00 PM
of poster	3 SE	1	1			MONTH	DAY Y	EAR		MC MC	INTHS DAYS	HOURS MIN.
ours ours		emale		White			17, 1916		69	YRS		
1 2 Ped 1		RTHPLACE (STATE OR F	OREIGN /b	CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVER MARRI	ED "	BALTIMORE CITY O			
a grand	P	ennsylvani	a /	U.S.	.A.	WIDOWE			ALLEGANY			MD.
9 3 3	10 C	TY OR TOWN OF DEA		DE NOT IN SU	CHEACILITY GIVE STREET	(ADDRESS)	OR OTHER INSTITUTE	ON I	120 USUAL OCCUPATH (TYPE OF WORK FOR MOST O HOMEMAKE)		INDUSTRY HOTE	F BUSINESS OR
À THE PARTY OF THE	C	mberland			HEART H		\L_		Homemake		поп	ie
	13a. S	AL RESIDENCE (IF NURS	III COUNTY		GIVE RESIDENCE BEFOR	VN	134 INSIDE CITY LI	MITS?	13e STREET ADDRESS	ZIP CODE	19	4999
AN 24		est Va.	Minera	al	Ridgele	ey	YES NO		4 - 3rd.	Avenue	2 / 28	6753
RYL within	HS EA	THER'S NAME	MID	OLE	LAST		15. MOTHER'S MAII		2100011		LAST	
MA ted		(Unknown						nown)				PA-4,773
ORE, vecu		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SEC		17. INFORMANT				Kent Ro	
TIMO S. Poo		No			219-20-	1942	Dolores A	Aushe	rman	Glen	Burnie	
BAL ote		18 CAUSE OF DEAT PART I. DEATH W	H Enter only o	one couse pe	line for (a), (b), a	nd ici		- 10			BETWEEN	MATE INTERVAL ONSET AND DEATH
ST., as physon on poemo even		PARTI DEATH W	IMMEDIATE C		Kospi r	a 401	4 70	ai lu	re.			
on the confined of the confine				DUE TO, C	R AS A CONSEOU		/ /					
deat deat		Conditions, if ony,		(b)_	0	OP2	2					
the remover the re		gove rise to immo	ig the "	DUE TO, O	R AS A CONSEQU	ENCE OF						
that d by eose al, c		underlying couse	lost.	(c)_								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND NG PHYSICIAN. The low requires that the death certificate be executed within 24 cottending physician. Were this certificate hos been signed by the ottending physician and completely filler os the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should the and Mental Hygiene prior to burial, cremation, or removal.  arked or them 18 shows any injury, or other traumatic event, the mell contributions arked or them.	7	PART 2 OTHER SIGN	VIFICANT CON	NDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CON	DITION GIVE	V IN PART TIC	,
ORD red s or to or to	CERTIFICATION											
Second Se	N A	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?		WERE FINDIN	
At The Cion	E						Tax manual and		YES NOX	YES		NO 🗌
AN AN HAY		OR CONTRIBUTING		216. TIME C	.M. MONTH C	AY YEAR	TIC HOW INJURY	OCCURRE	O (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
SICI SICI Cent Cent Cent Cent Cent Cent Cent Cent	ICA	LIFEITHER NOTIFY MEDI			Μ,	19						
SIOI PHY endi	MEDICAL	21d INJURY OCCUR			OF INJURY REET, FACTORY, OFFICE.	FARM ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
NG offer orke		AT WORK AT WO	W.K.				76	1000			-	
N O O O O O O O O O O O O O O O O O O O		22a I certify that (I)				1/2.		84	to			that (I) (we) lost
Spirite Spirit	-11	sow the decease above, (1) (we) (c	did/did not) v	new the body	ofter death.			opinion de	oth occurred on the do	ite and hour		
OR PORE		226 SIGNATURE	9		in		DEGREE ATTEN	DING .	MEDICAL STAF	F	22t. DATE	SIGNED
RAL det				A Marie Marie			PHYSI	ICIAN [	DIRECTOR PHYSIC	IAN 🗌	12-1	-85
OSP ed b d be d be		22d PHYSICIAN'S N	AME (TYPE OR PR	RINT)			??e ADDRESS					
O HOS		URIFI VFL		MD					VE, CLIMBER	LAND M	2150	2
antiqua	23a I	BURIAL, CREMATION,			236	NAME OF C	EMETERY OR CREM	ATORY	236 LOCATION	1	CONNY	and STATE
199BP		Burial		12-3-			wir Pellix G	aruen	s LaVale-Al	regany	/-Mary	allu
DHMH - 16 60M 7/B4	24 FI	UNERAL DIRECTORG	eorge-l	Jpchur	ch Funera	al Hom	e, P.A.	250 DATE	REC'D. BY REGISTRAR	26 REGISTR	AR'S SIGNATI	URE .
(VRA 15, 4)		202 Greene	Street	t, Cum	berland,	Md. 2	1502	0.0	6 1985	יייייייייייייייייייייייייייייייייייייי	I CONT	JACKET !



3370	94	1-		F, MD 21532 DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		Lie V
	6750	I DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.  20 DATE OF DEATH MONTH DAY YEAR	In House
be oge 3			ORPRINT	Marie	4	NOVEMBER 17, 1985	12:20 A
you poo	1500	3 SE.		4 RACE	Thompso n	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYE	-
office 4 n			Female	White	August 27.1923	62 YRS MONIHS DA	YS HOURS MIN.
8 4 g	06	7a Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	BALTIMORE CITY OR COUNTY OF DEATH	
eoth.	(2)		aryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ALLEGANY COUNTY	MD.
	62	1200	TY OR TOWN OF DEATH Cumberland	SACRED HEAR THE	OSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST	n Home
1 12	121	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR	VN 1136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
in 24 y fille should	12		aryland All		Vage YES NO -	New Row St., 21	545
with letel	/E1/	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	ME	LAST
omple ond	1 1/4		Anthony	Natolly			
execu ond c	i g		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)		ADDRESS 110 Pol	k St.
S. Po	e a		No	218-12	-527 Mrs. Bonn		nd, Md.
icote hysic	nt, th		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line fortio), (b), or	de annie II	APT METINE	EN ONDET AND DEATH
ertif ng p	ceve		IMMEDIA	TE CAUSE (a)	rogenic sino		
oth oth	mot o			DUE TO, OR AS A CONSEQU	ENCE OF	a contest 5/ ner	
e off	trou		Conditions, if any, which gave rise to immediate	61 XXXVV	- Chingorny	gary, pros	
hat th by th	f, cret		cause (0), stating the underlying cause last	DUE TO, OR AS A SHOULD	umomin =	Secres.	
gned o	y, or		PART 2. OTHER NONE IS ANT.	CONDITIONS CONTRIBUTING TO	OT TH BUYNOT RELATED TO THE TERM	INAL DISEASE OF CONDITION GIVEN IN PART	Lu
requi	or to	ION	1/14	ocudial 5	presen		
low s be	s any	CERTIFICATION	IN DATE OF OPERATION	1% CONDITION FOR WHICH	OPPRATION WAS PERFORMED	JOB AUTOPSYT 20% IF YES, WERE FIN IN CERTIFYING CAUS	
The cion.	Show	RTIF				YES NO X YES	NO.
AN. physical fical	I 8		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART	2)
rSICI rng I	hentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
PH)	ed or	MEC	216 INJURY OCCURRED  WHILE NOT WHILE	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN COUNTY	STATE
DING or of	nork		AT WORK		16/3 200	Alm 7 St.	
TENE TENE	f He			tal attended the deceased from	and that in (my) (aur) opinion of	death occurred an the date and haur and Iram t	he couses stoted
AT AT AT ASSP	e a 2		above (1) (we) (did) (did no	1) view the body after death	DEGREE		TE SIGNED
the har DIRE	AT: W B		(harfly	sun Sh	ATTENDING &	MEDICAL STAFF DIRECTOR PHYSICIAN	-17-80
HOSPITAL med by th FUNERAL	5		226 PHYSICIAN IT TAME OFFICE	/ INT)	22e ADDRESS	DIRECTOR PHYSICIAN .	,,,,
O HOSPII etoined by TO FUNER	with the Stat		CHANG OH, M B		48 TARN TERRA	ACE, FROSTBURG, MD 215	532
5 g 5 g	3 8	23o E	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		(	Burial	Nov. 20185 M	ethodist Cemeter	y Mt. Savage, Alle	gany Me
DHMH - 16 6	50M 7/84	24. FU	INERAL DIRECTOR	ADDRES		E REC'D. BY REGISTRAR 256. REGISTRAR'S SIGN	IATURE
(VRA 15			Dirst Funeral	Home, Frostb	urg, Md. NUV. 2	5 1006 Swin Tevidon-Por	house !

03:01	ONESON TO VALUE TO THE TOTAL TO THE	(T
	SACRED FART HORFT TALL  SACRED	on Areas
	restrict not project and proje	Total (2018) Spinist

. PA CARDONAL CONTAIN THE LANGE ASSESSED ASSESSED FOR THE TAILORS.

must marel some, Prometomer, Int. | March 18 as a series of

DITCOY

FOR - STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR1:
November	30,	1985		A. /
GE (IN YEARS LAST BIR	THDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS

DECEASED NAME FIR	ST A	NIDDLE	LAST		2a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR1:C
OF	AIN L	YNN	TWIGG		November	30,	1985	A. N
3 SEX	4 RACE		5 DATE OF BIRT	Н	& AGE (IN YEARS LAST BI	(YAGHTS	IF UNDER 1 YEAR	IF UNDER 24 MRS
MALE	WHITE		JUNE 17	1916	69	YRS	MONTHS DAYS	HOURS MIN.
OUNTRYS	Th CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY	R COUNT	Y OF DEATH	
MARYLAND	USA		WIDOWED	DIVORCED [	A11	egany		MD
O CITY OR TOWN OF DEATH		OSPITAL, NURSING H FACILITY, GIVE STREET A		HER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST			F BUSINESS OR
Cumberland	M	emorial H	ospital		RETIRED AU	TO ME	CHANTC	36
	COUNTY	GIVE RESIDENCE BEFORE IN TOWN CUMBERLAN	1 134 1	NSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	and the same of	502
4 FATHER'S NAME CHARLES	T. T	WIGG LAST	15. M	OTHER'S MAIDEN NA FIRST  ISABLE		TT OIL	AMTI TON	.1
(YES, NO OF UNKNOWN)	S. ARMED FORCES? YES GIVE WAR OR DATES)	217-10-1		SERTA TWICE	3 1101 FRED	ESS		BERLAND
IB CAUSE OF DEATH (ER PART ). DEATH WAS C		line for (a), (b), and	n a	nue			BETWEEN	IMATE INTERVAL ONSET AND DEATH
							1	

PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)	BETWEEN ONSET AND DEATH
gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF	went MI 24h
underlying couse last	D

	· · · · · · · · · · · · · · · · · · ·
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

23b. DATE

22a. I certify that his haspital) attended the deceased fram.

saw the deceased of abave. (Mywe) (did) (aid no) view the bady after death

MONTH DAY YEAR Te. PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM, ETC.)

211 LOCATION

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

ATTENDING

YES [

COUNTY STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

FS. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

22d. PHYSICIAN'S NAME INPEORPRINE

NOT WHILE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

955 Frederick Street

CITY OR TOWN

STATE

Dr. A. Bollino

21d INJURY OCCURRED

226 SIGNATURE

MEDICAL

Cumberland, MD 21502 23c NAME OF CEMETERY OR CREMATORY HILLCREST CEMETERY

23d LOCATION

20a AUTOPSY?

DHMH - 16 60M 7/84

23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL DEC 3 1985 24 FUNERAL DIRECTOR

SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(VRA 15, 4)

FOR - STATE REGISTRAR

346169

in by the funeral director, page 3 se filed within 72 hours after death

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DEC NO

	PE OR PRINT		MIDDLE	i,	A51		20. DATE OF DEA	TH MO	HTM	DAY	YEAR	26 HOU	R
	Roger		Lee	Wi	1son	Sr.	November	28,	198	35		2:15	p •м
3 5		4 RACE		5 DATE O		WE 4.0	& AGE (IN YEARS	AST BIRTHD	AY)	IF UNDER	I YEAR	IF UNDER	24 HRS
1	Male	White 97		9/9/	1942	YEAR	43	YRS	MOINTINS	DAID	HOURS	MIN.	
7 o.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	U.S.A. WIDOWED DIVORCED			9 BALTIMORE CITY OR COUNTY OF DEATH							
	Maryland	U.S.					Allegany County				MD		
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSING	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					SS OR				
C	umberland	Memorial Hospital & M			led. Cen	ter	Maitaninace				Westvaco		
US	UAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		GIVE RESIDENCE BEFORE A		13d INSIDE CIT	Y LIMITS?	13e STREET ADDI	RESS / 7	IP COD	)F			
M	aryland Alleg	any	Lonaconi			NO 🗌	16 Roc				215	39	
14.	FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S	MAIDEN NAA		DIE			LAST		
	Leonard J.	Wilson			Nao			Blu	bau	gh	67101		
160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	HTY NO.	17 INFORMAN	IT		ADDRESS					
	no	. WAN OR DAILS)	214-42-24	448	Mrs.	Peggy	Wilson I	onac	onir	ng, M	ld.	2153	9
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	y one couse per	line for (a), (b), of	10 /		0	11.	,		BE	APPROXIA	NATE INTER	VAI
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	r as a consequen	NCE OF				18				h	
TION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	DUE TO, O	ONTRIBUTING TO DE	EATH BUT		6.00							
TIFICATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, O		EATH BUT		6.00	NAL DISEASE OR	2	Ob. IF YE	VEN IN P.	FINDIN	GS USE	H?
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	DUE TO, O  (c)  ONDITIONS CO  19b COND  19b TIME CO HOUR A.	ONTRIBUTING TO DE	EATH BUT	N WAS PERFOR	MED	200 AUTOPSY	2   2	0b. IF YEN CERTI	ES, WERE IFYING C	FINDIN AUSES	GS USEI OF DEAT	H?
EDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT OF THE SIGNI	DUE TO. O  (c)  ONDITIONS CO  19b COND  21b TIME C  HOUR A.  P.  21e. PLACE	ONTRIBUTING TO DE ITION FOR WHICH C DE INJURY MONTH DAY M. OF INJURY	DPERATION  Y YEAR  19	N WAS PERFOR	MED URY OCCURR	ZOO AUTOPSY  YES NO ED (ENIER NATURE	2   2	Ob. IF YEN CERTI	ES, WERE IFYING C	FINDIN AUSES (	GS USEI OF DEAT	H?
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT OF THE SIGNI	DUE TO. O  (c)  ONDITIONS CO  19b COND  21b TIME C  HOUR A.  P.  21e. PLACE	ONTRIBUTING TO DE ITION FOR WHICH C DE INJURY M. MONTH DAY M.	DPERATION  Y YEAR  19	N WAS PERFOR	MED URY OCCURR	ZOO AUTOPSY  YES NO ED (ENIER NATURE	P Z	Ob. IF YEN CERTI	ES, WERE IFYING C. ES PART I OR P	FINDIN AUSES (	GS USEI OF DEAT	H? ]
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT OF THE SIGNI	DUE TO. O  (c)  ONDITIONS CO  19b COND  21b TIME C HOUR A. P. 21e PLACE (AT HOME S11	DITRIBUTING TO DE  ITION FOR WHICH C  OF INJURY  M. MONTH DAY  M. OF INJURY  REET, FACTORY, OFFICE, FAR	DPERATION  Y YEAR  19	211 LOCATION	MED URY OCCURR	ZOO AUTOPSY  YES NO ED (ENIER NATURE	P Z	Ob. IF YEN CERTIN	ES, WERE IFYING C. ES PART I OR P	FINDIN AUSES (	GS USE OF DEAT NO [	H?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK	DUE TO, O  1c)  ONDITIONS C(  19b COND  21b TIME C HOUR A. P.  21e PLACE (AT HOME SH	ONTRIBUTING TO DE	EATH BUT  OPERATION  Y YEAR  19  RM, ETC.)	216 HOW INJU	MED URY OCCURR	200 AUTOPSY YES NO ED (ENIER NATURE	P 2 III	Ob. IF YEN CERTIN	ES, WERE IFYING C. ES  PART 1 OR P	FINDIN AUSES (	GS USEI OF DEAT NO [	H?
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT OF THE SIGNI	DUE TO, O  1c)  ONDITIONS C(  19b COND  21b TIME C HOUR A. P.  21e PLACE (AT HOME SH	ONTRIBUTING TO DE	PEATH BUT  OPERATION  Y YEAR  19  RM, ETC.)	211 LOCATION STREET	MED  URY OCCURR   19  our) opinion d	200 AUTOPSY YES NC ED (ENTERNATURE) CIT	DF INJURY II	Ob. IF YEN CERTIN	ES, WERE IFYING C. ES  PART LORP  COU	FINDIN AUSES (	GS USEI OF DEAT NO [	H?
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (COURT OF CONTRIBUTING COUSE OF DEACH OF CONTRIBUTING CAUSE OF DEACH OF COURT O	DUE TO, O  1c)  ONDITIONS C(  19b COND  21b TIME C HOUR A. P.  21e PLACE (AT HOME SH	ONTRIBUTING TO DE	PEATH BUT  OPERATION  Y YEAR  19  RM, ETC.)	211 LOCATION STREET  and that in (my) (c) DEGREE	MED  URY OCCURR  19  our) opinion d  TENDING	200 AUTOPSY YES NO ED (ENIERNATURE	2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ob. IF YEN CERTI Y NITEM 18	ES, WERE IFYING C. ES  PART LORP  COU	FINDIN AUSES (	GS USEI OF DEAT NO [	H?
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (COURT OF CONTRIBUTING COUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINER AT WORK A	DUE TO, O  1c)  ONDITIONS C(  19b COND  21b TIME C HOUR A. P.  21e PLACE (AT HOME SH	ONTRIBUTING TO DE	PEATH BUT  OPERATION  Y YEAR  19  RM, ETC.)	211 LOCATION STREET 211 LOCATION STREET and that in (my) (c) DEGREE AT PH 272 ADDRESS	MED  URY OCCURR  19  our) opinion d  TENDING HYSICIAN	200 AUTOPSY YES NC ED (ENTERNATURE)  To leath occurred on  MEDICAL DIRECTOR P	Y ORTOWN  the date  STAFF HYSICIA	Ob. IF YE N CERTINA Y	COU	PART 2)	GS USEI OF DEAT NO [	H?
MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT OF CONTRIBUTION  216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL OF CONTRIBUTING ALEXAMINER AT WORK A	DUE TO. O  (c)  ONDITIONS CO  19b COND  21b TIME C HOUR A. PLACE (AT HOME 511	DITION FOR WHICH CO OF INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE FAR Le deceosed from	PEATH BUT  Y YEAR  19  RM, ETC)	211 LOCATION STREET  211 LOCATION STREET  212 LOCATION STREET  213 LOCATION STREET  214 LOCATION STREET  215 ADDRESS Memori	MED  URY OCCURR  19  DUT) opinion d  TENDING HYSICIAN   al Hos	200 AUTOPSY YES NC ED (ENTERNATURE)  CIT  . to  leath occurred on  MEDICAL DIRECTOR P	of INJURY II  Y OR TOWN  the date  STAFF HYSICIAL	Ob. IF YE N CERTINA Y	COU	PART 2)	GS USEI OF DEAT NO [	H?
MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (COURT OF CONTRIBUTING COUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINER AT WORK A	DUE TO, O  1c)  ONDITIONS C(  19b COND  21b TIME C HOUR A. P.  21e PLACE (AT HOME SH	DITRIBUTING TO DE  ITION FOR WHICH C  OF INJURY M. MONTH DAY M.  OF INJURY REET, FACTORY, OFFICE, FAF  it decensed from	PEATH BUT  PEATH OF CITY  Y YEAR  19  RM. ETC.)	211 LOCATION STREET 211 LOCATION STREET and that in (my) (c) DEGREE AT PH 272 ADDRESS	MED  URY OCCURR  19  DURY OPINION of TENDING T	200 AUTOPSY YES NC ED (ENTERNATURE)  To leath occurred on  MEDICAL DIRECTOR P	The date  STAFF HYSICIAL  OR 10 M  STAFF	ob. IF YEN CERTIN	S, WERE IFYING C. ES  PART 1 OR P  COU  19  22C.	PART 2)  NTY  Dom the control of the	GS USEI OF DEAT NO [ hot (l) (couses sto	H?

Boals Funeral Service Londoning, Md. 21539 DEC

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the burial-transit permit. The with the State Dept of Health and Mental Hygiene prior to IMPORTANT: If them 21 is marked or them 18 shows any in

series and allegation of a contraction of the contr region ( Epolitation ) and a confit of briend Co. Laws List Lotter which Swall are meine 12/1/35 regood not ton. each reacting, 121-100 DB. to the first I for the control in . Mr. at 579 UEL CO ME. J. September 12 to 1 at 1 at 1 at 1 1 - STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

1		CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	.05
1	( I Y P E	OR PRINT)	Clarer	nce	Emery	Wo	lford	November	8, 19	85	_	. M
	3 SE	X		4 RACE		5 DATE C		6. AGE   IN YEARS LAST		IF UNDER 1 YEA	R IF UNDER 24	
11	M	lale		White		Augu		8 77	YRS	MONTHS DAY	S HOURS A	AIN.
4		RTHPLACE (STATE	E OR FOREIGN		WHAT COUNTRY	7 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH		
		est Vir	ginia	U	SA	WIDOWE		A3	legan	V		MD
	5	ity or town of umberlan	3-0-0	(IF NOT IN SUC	HOSPITAL, NURS	ET ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPA LIVE OF WORK FOR MOS Labor-Ca	TION OF WORKING	126. KIND INDUSTR	of Business nery	OR
1/	USU	AL RESIDENCE IF		OTHER INSTITUTION	GIVE RESIDENCE BEFO	DRE ADMISSION)		13e STREET ADDRES			-	E.M
(6)		ryland	13b COU	egany	Cumber		13d INSIDE CITY LIMITS?	9 East 3				
11	14 FA	ATHER'S NAME		1.6 - 1.1			15. MOTHER'S MAIDEN N.	AME				
//		Andre	W	David	Wol 1	ford	Ida	MIDDLE		Lea	LAST CO	
-		VAS DECEASED E			166 SOCIAL SEC		17 INFORMANT	ADE	RESS		.50	
1	. (	YES, NO OR UNKNOWN	(IF YES, GI	E WAR OR DATES)	220-10-	7984	Norma J. P	mberland, orter 9	Md.	21502 Jane E	razie	r
1			FATH (Enter or	nly one couse per	line for to Nih to	and ic		<u> </u>	abe .		DXIMATE INTERVAL	
	43	PART I. DEAT			line for log (b), o	Pa	mal Pa			GE I WEE	N ONSET AND DE	ALD
	1/1		IMMEDIA	TE CAUSE (0)	LILAGO	1	- NAC TE	ware				
7.	3	Conditions if			R AS A CONSEQ		1.61:	- 111	1770			
		Conditions, if gove rise to	immediate	(p)	Myrcod		IMACHON	C // 1004		-		_
-		couse (o), s underlying c		DUE TO, D	RAS A CONSEO	UENCE OF	+ 4					
	-	BARTO OTHER	FIRST LIES AND AND A	TOTAL STREET, ST.	mons	DEATH BUT	un cure	~~	A Telephone Company			_
	NO O	PART 2. OTHER	Char	MIC C	De (u.	1-	lune	MINAL DISEASE OR CO	NOTION G	HAEM THE LYRI	-	
1	ATI	IN DATE OF OR	ERATION	IN COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	18e AUTOPSYT	204 IF V	ES, WERE FINE	INGS USED	
4	CERTIFICATION						/	YES D NOD		TIFYING CAUS YES	NO [	
5	CER	ZLe. ACCIDENT WA		716 TIME O		eva vere	21s. HOW INJURY OCCU	RED CONTENTATION OF IN	Just existe it	B. RART T GRAME 3		_
4		OR CONTRIBUTING	CAUSE OF DE			DAY YEAR						
	MEDICAL	THE INJURY OC	and the same of th	21e PLACE		14.	2H LOCATION	falones.	March 1	7,4100	22120	_
	ME	arms a re	C week	(AT HOME, ST	REST, FACTORY, CHEKE	YARM, ETC.)	SMEET	Ellr de	1Q/WHI	COUNTY	3741	
	U			ital) attended th	e deceased from		19	- to		19	-, that ()) (we)	lost
				t) view the body			nd that in (my) (our) opinion	death occurred on the	date and he			
		obove, (t) (v		t) view the body	ofter deoth.		DEGREE			122c DA	TE SIGNED	
							ATTENDING		AFF			
- 1	H	22d. PHYSICIAN	S NAME (TYPE O	OR PRIMIT)		0	TAR. ADDRESS	DIRECTOR PHYS				_
1		Dr. M.	,	m	-02	X	925 1	Bishop Wals		ve		
-	730 F	BURIAL, CREMATI		THE DATE	122	NAME OF C	EMETERY OR CREMATORY	erland, MD	21502			_
		SPECIFY) Bur		11/11	1		e Cemetery	CITY OR TOWN	a h	COUNTY	STATE	3
	24 FI	JNERAL DIRECTO		perland		1502		Weller				A
14			toin I	Home			ore Av. No		NEGI:	OTRAK SOIGN.	KIOKE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove corbon papers, with the State Dept of Health and Mental Hygiene prior to burial, crematian, or removal. IMPORTANT. If them 21 is marked or them 18 shows any injury, or other troumatic event, the

